

# Coshocton County APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

NAME:	_____			
ADDRESS:	_____			
TELEPHONE:	_____ SOCIAL SECURITY NUMBER:	_____		
APPLICATION DATE:	_____ VETERAN:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:	_____
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## PERSONAL DATA

Position(s) desired: \_\_\_\_\_ Full-time  Part-time   
Date available to start: \_\_\_\_\_

Have you previously applied for a job with the County? Yes  No  When? \_\_\_\_\_

Have you ever been employed by the County? Yes  No  When? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Are you related to anyone employed by the County? Yes  No   
If yes, state name and relationship: \_\_\_\_\_

Do you have any time commitments that might interfere with your employment? (e.g., subject to recall, school) Yes  No   
If yes, please explain: \_\_\_\_\_

Have you ever been employed by another public employer in Ohio? Yes  No   
If yes, provide place and dates of service: \_\_\_\_\_

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation?  
(Should there be a question, please refer to the job description.) Yes  No   
If no, please explain: \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? Yes  No   
If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes  No   
If yes, please explain: \_\_\_\_\_

If you are applying for a position that requires a driver's license or a commercial driver's license to perform the essential duties of the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes  No
- Do you have a valid Ohio commercial driver's license? Yes  No
- Have you been arrested for any traffic-related incidents? Yes  No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes  No
- Have you had your auto insurance rejected, cancelled, or been in a high-risk insurance program? Yes  No
- Have you been involved in any accident, either at fault or not at fault? Yes  No
  
- Have you had any traffic violations in the past three (3) years? Yes  No
- If yes, please list:

OFFENSE	APPROXIMATE DATE/YEAR
_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer?  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer for a reference? Yes  No

Employer's name and address (if not included elsewhere in this application): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL DATA**

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College Or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

Honors received:  
 \_\_\_\_\_  
 \_\_\_\_\_

### EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed or resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From:                      To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From:                      To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From:                      To:	Position(s) Held:	Supervisor:
Reason for Leaving:		

### PERSONAL REFERENCES OTHER THAN RELATIVES AND FORMER EMPLOYEES (if they cannot be contacted)

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

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Applicants for employment with the County are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

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**CERTIFICATION**

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I agree to submit to a post-offer, pre-employment medical examination at the Counties expense, including a drug/alcohol test. I understand that my employment is contingent upon successful completion of the post-offer medical exam and passing the drug/alcohol test. I also agree to submit to random and/or reasonable suspicion drug tests, according to City policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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Applications not resulting in hire will be kept on file by the County for a period of 180 days. After 180 days, applicants must resubmit new applications to be considered for future vacancies.

**FOR INTERNAL USE ONLY**

ARRANGE INTERVIEW:

YES

NO

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER'S SIGNATURE

\_\_\_\_\_  
DATE

EMPLOYED: YES  NO

STARTING DATE: \_\_\_\_\_

STARTING RATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

Coshocton County Board of Commissioners  
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