Application for Employment

Return to: Coshocton County Commissioners

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the Human Resources Department. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applied for:	
Date of Application:	
How did you hear about the position?	
Advertisement: Relative: Inquiry:	_ Website: Friend:
Employment Agency Other:	
Name : Last First	Middle
McT Add	what
Street Apt.	City State Zip
Telephone #: ()	Mobile/Other: ()
E-mail:	Best time to contact you at home is:am / pm
Have you ever submitted an application to Coshocton	County? If Yes, when?
Have you ever been employed by Coshocton County?	If Yes, when?
Are you legally eligible for employment in the United	States?
If you are under 18, can you furnish a work permit?	
Do you have a valid driver's license? State	te / Number:
Are you able to meet all of the attendance requirement	ts of this position?
Are you able to work overtime if necessary?	Will you travel if the position requires it?
Do you have any friends / relatives currently employed	d by Coshocton County? If Yes, who?
What is your desired salary range or rate of pay: \$	per
Date available for work:	
Type of employment desired: ☐ Full Time ☐ Part Time	ne Seasonal

•	, , ,	at would reveal race, color, religion, sex, national /reserve National Guard or any other similarly
1. From/To	Employer/Organization	
Telephone #	Address	
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties_		
Reason for Leaving		Final Rate of Pay:
2. From/To	Employer/Organization	
Telephone #	Address	
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties_		
Reason for Leaving		Final Rate of Pay:
3. From/To	Employer/Organization	
Telephone #	Address	
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties_		
Reason for Leaving		Final Rate of Pay:
4. From/To	Employer/Organization	
Telephone #	Address	
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties_		
Reason for Leaving		Final Rate of Pay:

Employment History: Starting with your most recent employer, provide the following information. Include

Have you ever been f	rad or asked to rasion fo	om a iobo			
If yes, please explain	red or asked to resign in	om a job?			
EDUCATION					
	Name and Address of School	Cours	se of Study	Years Completed	Diploma/Degree Obtained
High School					
Undergraduate College					
Graduate Professional					
Other (specify)					
member. Exclude me	mberships that would re	eveal race,	color, religion	or trade organizations n, sex, national origin, c milarly protected status.	itizenship, age, menta
Organization			Offices Held		

	de the names and telephone numbers of three professional references who are not related to rs. If professional references are not available, provide school or personal references who are
Name:	Title:
Relationship:	Telephone:
	Title:
_	Telephone:
	Title:
_	Telephone:
	Applicant Statement and Signature:
correct. I agree and understand employment with Coshocton C discharge from County service, obtained through the application assisting Coshocton County in reservation, Coshocton County, professional), employers, public information provided by me in	the provided in order to apply for and obtain employment with Coshocton County is true, complete, that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to unty and may be cause for rejection of this application, removal of my name from eligibility lists whenever it is discovered. I give Coshocton County the right to investigate and verify any informat process. Permission is granted and I release from any and all liability any employer, agency or indivitorized information that will assist in this process. I expressly authorize, with the representatives, members or agents to contact and obtain information from all references (personal agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of this application. I hereby waive any and all rights and claims I may have regarding Coshocton County es, for seeking, gathering, and using such information and all other persons, corporations, or organization true.
investigation, physical, psychololicensure or credentials, and authapplicable law, any employmentime and Coshocton County reagreement or contract for employbut not limited to hours, benefit Coshocton County is authorized	ployment may be contingent upon the successful completion of a pre-employment background criminaterical, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant properties of the United States. If I am hired, I understand that, unless otherwise defined relationship with Coshocton County is of an "at will" nature, which means that I am free to resign at exercise the same right to terminate my employment at any time. This application does not constitute ment for any specified period or definite duration. I understand that all conditions of employment include and salary are subject to change by Coshocton County at any time. I understand that no representative to make any assurances to the contrary and that no implied, oral or written agreements contrary to add unless they are in writing and signed by the appropriate Appointing Authority.
	READ THE ABOVE APPLICANT STATEMENT.
i certify that I have read, fully	understand, and accept all terms of the foregoing Applicant Statement.
Applicant Signature:	