

COSHOCTON COUNTY VETERANS SERVICE COMMISSION
318 MAIN STREET, COURT HOUSE
COSHOCTON, OHIO 43812
740-622-2313
FAX: 740-623-6507

APPLICATION FOR EMPLOYMENT

Please submit one application per position to the Coshocton County Veterans Service Commission at the above address. Applications lacking sufficient information will not be processed. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency this completed form will be subject to all applicable public records laws. Please include a certified copy of your Honorable DD214 for ALL periods of service, resume and handwritten reply to the question on the last page.

PERSONAL INFORMATION

Name _____ Date _____

Present Address _____ City _____

State _____ Zip Code _____ County _____

Telephone _____ SSN _____ email address _____

Valid Driver's License Number _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? _____
If so, please describe _____

Are you willing to submit to a drug screening test and background check _____ yes _____ no

Are you willing and able to work overtime and at times other than regular business hours, if required of the position for which you are applying? _____

Do you have any relatives working for the County? _____ If yes, please list name and relationship _____

Are you a veteran? _____ yes _____ no If you answered yes, please indicate if one or more of the following apply.

_____ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full time National Guard duty.

_____ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or in receipt of Veterans Affairs Compensation.

_____ **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict or Operation Enduring Freedom/Operation Iraqi Freedom.

_____ **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975.

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? _____

If your application is considered favorable on what date will you be available for work?

EDUCATION

Type	Name & Address	Last Year Completed	Did You Graduate?	Subject Studied & Degree Received	GPA – Grade Point Average
High School					
College or University					
Post Graduate					
Business, Trade or Correspondence School					

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: To be considered for employment, you must fill in the information below, accurately and completely. If additional space is needed, please add a separate sheet.

Name of Employer _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Name & Title of Supervisor _____

Position Title _____ Dates of Employment _____ to _____

Briefly describe your duties & responsibilities _____

Specific reason for leaving _____

Final Salary _____ May we contact this employer? _____ yes _____ no

EMPLOYMENT HISTORY (Continued)

Name of Employer _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Name & Title of Supervisor _____

Position Title _____ Dates of Employment _____ to _____

Briefly describe your duties & responsibilities _____

Specific reason for leaving _____

Final Salary _____ May we contact this employer? _____ yes _____ no

SUMMARY OF QUALIFICATIONS

In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying.

OFFICE SKILLS

Typing Speed _____

Computer Skills _____

Other Office Skills _____

REFERENCES (List 3 individuals whom we may contact for a professional reference. Do not list relatives.)

Name	Address	Telephone
1) _____	_____ _____	_____
2) _____	_____ _____	_____
3) _____	_____ _____	_____

APPLICANT'S AGREEMENT AND RELEASE

I certify that I have read and understand the information requested on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical or substance abuse, or others as may be required by the Employer.

I authorize the Coshocton County Veterans Service Commission and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers (unless restricted on pages 2 and 3 of this application), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability whatsoever for issuing this information. I further release the Employer of any and all claims of action arising out of the Employer's efforts to verify the information I have provided in this application and/or its determinations of my qualifications and abilities.

I confirm that I meet all the requirements as stated on the job posting or job description for the position for which I am applying. I am further able to perform all the essential duties of the positions as listed in the job descriptions, with or without reasonable accommodation.

I understand and agree that, as a condition of my employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and/or training.

I grant permission to have this application and enclosures duplicated and to be distributed to the employees of the Coshocton County Veterans Service Commission responsible for initial screening, interviewing, recommending applicants for employment and to other employees responsible for personnel records and reports.

Signature of Applicant _____ Date _____

The Coshocton County Veterans Service Commission is an equal employment opportunity employer. It does not discriminate on the basis of age, race, color, religion, sex, disabilities, national origin or other illegal reasons.