

MUSKINGUM COUNTY BOARD OF DD

APPLICATION FOR EMPLOYMENT

Muskingum County Board of DD is an equal employment opportunity employer and complies with the Civil Rights Act, the Americans With Disabilities Act and other legislation which prohibits discrimination in employment because of race, color, sex, religion, national origin, age, or physical and mental disability. Any applicant, who feels that he or she has been discriminated against in some manner, is encouraged to report the incident immediately to the Human Specialist or Appointing Authority. Please note that this completed form will become a public record when submitted to the County Board.

Instructions: Your interest in employment with our County Board is appreciated. This application is the initial step in the selection process and it will help the County Board assess your qualifications, work history, experience and training. You must complete this application, in full, to be considered for employment. If you have a resume, you may attach it to this application form. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back of this form. Please write legibly.

If you need assistance completing this form because of a disability, please request that the official provide someone to assist or you may request some other reasonable accommodation.

DATE OF APPLICATION: _____

PERSONAL INFORMATION

Name _____
Last First Middle

Telephone # () _____ - _____ Mobile # () _____ - _____

Current Address _____
Number Street City Zip Code

E-mail _____

Are you legally eligible for employment in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been employed by Muskingum County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which department?		

Do you have any secondary employment that will continue if you are hired by the County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, list the nature of the secondary employment

EMPLOYMENT HISTORY
Start with present or most recent employer

Employer: _____	Phone No. _____
Address: _____	
Job Title: _____	Supervisor Name: _____
Salary: Starting \$ _____ Last \$ _____	Dates employed: _____ to _____
Position/Duties: _____ _____ _____	
Reason for leaving: _____	
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Phone No. _____
Address: _____	
Job Title: _____	Supervisor Name: _____
Salary: Starting \$ _____ Last \$ _____	Dates employed: _____ to _____
Position/Duties: _____ _____ _____	
Reason for leaving: _____	
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Phone No. _____
Address: _____	
Job Title: _____	Supervisor Name: _____
Salary: Starting \$ _____ Last \$ _____	Dates employed: _____ to _____
Position/Duties: _____ _____ _____	
Reason for leaving: _____	
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any gaps in Employment: _____ _____		
Have you ever been fired or asked to resign from a job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain: _____ _____		

EDUCATION AND TRAINING

	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE OBTAINED
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe courses or the training you've received which you feel will help you perform the job for which you are applying.

RELATED INFORMATION: Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve National Guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

ABOUT THE JOB YOU ARE APPLYING FOR

Please review the position posting/description so that you understand particularly the essential duties and qualifications for the job. Proceed in answering the remainder of questions on this application form. A copy of the complete job description is available upon request.

Position you are applying for:	
How did you hear about the position? <input type="checkbox"/> Website <input type="checkbox"/> Bulletin Board <input type="checkbox"/> Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other	
Can you perform the essential functions of the job (with or without a reasonable accommodation)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, please describe:

Do you feel that you will need additional training in any areas to effectively perform the job?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please explain:

Expected Hourly Rate: \$ _____	Type of employment interested in:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Any <input type="checkbox"/>
Date available to work? _____	List any schedule restrictions	Seasonal <input type="checkbox"/>	Intermittent <input type="checkbox"/>	
List all job equipment (listed on the description) which you are qualified to operate				

REFERENCES

Please provide the names and telephone numbers of three professional references who are not related to you. If professional references are not available, provide school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE #

APPLICANT STATEMENT AND SIGNATURE

I certify that all information I have provided in order to apply for and obtain employment with Muskingum County Board of DD is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility for any employment with Muskingum County Board of DD and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Muskingum County Board of DD the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Muskingum County Board of DD in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Muskingum County Board of DD, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Muskingum County Board of DD, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me. Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Muskingum County Board of DD is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-01, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency. Therefore, any applicant under final consideration will be required to submit a background check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation. For more information, please rewiw OAC 5123:2-2-02. You signature below verifies that you understand our requirement to conduct background checks following a job offer and that you further understand that any prospective employee must pass a drug test prior to being hired.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Muskingum County at any time. I understand that no representative of Muskingum County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

_____ Applicant's Signature

_____ Date