

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly.

SECTION I - PERSONAL INFORMATION

Name: _____
Last First MI

Social Security #

Street Address City State County Zip Code

Home Telephone # Work Telephone #

Are you at least eighteen (18) years of age? Yes No

Are you prevented from lawfully becoming employed by this County because of VISA or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Best time to contact you by phone at: Home _____ Work _____

SECTION II - WORK REFERENCES

Position(s) applied for _____
Date of Application

Are you applying for: Full-time work Part-time work No preference

Are you interested in:

Permanent work Intermittent work Temporary work
 Seasonal work No preference

Are you currently on "lay-off" status and subject to recall? Yes No

Minimum salary expectation: _____ Date available to start: _____

Employment History (In chronological order beginning with the most recent):

<p>1.</p> <p>_____ Employer's Name</p> <p>_____ Street Address/City/State/Zip</p> <p>_____ Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____ Month/Year</p> <p>To: _____ Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary: _____</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____</p> <p>_____</p> <p>_____</p> <p>Describe your reason(s) for leaving: _____</p> <p>_____</p> <p>_____</p>		

<p>2.</p> <p>_____ Employer's Name</p> <p>_____ Street Address/City/State/Zip</p> <p>_____ Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____ Month/Year</p> <p>To: _____ Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary: _____</p> <p>Beginning: _____</p> <p>End: _____</p>
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Adopted: _____

**HARDIN COUNTY COMMISSIONERS'
APPLICATION FOR EMPLOYMENT**

FORM 8

Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____

Describe your reason(s) for leaving: _____

3.

Employer's Name _____

Street Address/City/State/Zip _____

Supervisor's Name _____

Dates Employed:

From: _____
Month/Year

To: _____
Month/Year

Your Job Title:

Beginning: _____

End: _____

Your Salary: _____

Beginning: _____

End: _____

Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____

Describe your reason(s) for leaving: _____

Adopted: _____

**HARDIN COUNTY COMMISSIONERS'
APPLICATION FOR EMPLOYMENT**

FORM 8

SECTION III - EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.): _____ _____ _____ _____			

SECTION IV - MISCELLANEOUS

(The following information will be used only if it is directly related to the classification/position for which you are applying)

Have you ever been employed in the state or county service of the state of Ohio?

Yes No

Have you any job-related training in the U.S. Military?

Yes No

If you answered "Yes" to either of the last two questions, please explain:

Have you ever filed an application here before?

Yes No

Have you ever been employed here before?

Yes No

References - (Please give the name, address, and phone number of three references not related to you who would know of your skills for this position):

_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain information through contacts with my former employers and references listed above.

Applicant's Signature

Date

REFERENCE CHECK # 1 VERIFIED DATE _____

COMMENTS

REFERENCE CHECK # 2 VERIFIED DATE _____

COMMENTS