

**SHELBY COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY AND PROCEDURE MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

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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 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 PREFERENCES

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: _____

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SECTION III – EMPLOYMENT HISTORY
(In chronological order beginning with the most recent):

<p>1.</p> <hr/> <p>Employer's Name</p> <hr/> <p>Street Address/City/State/Zip</p> <hr/> <p>Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: <hr/>Month/Year</p> <p>To: <hr/>Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: <hr/></p> <p>End: <hr/></p> <p>Your Salary: <hr/></p> <p>Beginning: <hr/></p> <p>End: <hr/></p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <hr/> <hr/>		
<p>Describe your reason(s) for leaving:</p> <hr/>		
<p>2.</p> <hr/> <p>Employer's Name</p> <hr/> <p>Street Address/City/State/Zip</p> <hr/> <p>Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: <hr/>Month/Year</p> <p>To: <hr/>Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: <hr/></p> <p>End: <hr/></p> <p>Your Salary: <hr/></p> <p>Beginning: <hr/></p> <p>End: <hr/></p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <hr/> <hr/>		
<p>Describe your reason(s) for leaving:</p> <hr/>		

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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: _____		
4. _____ 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: _____		

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SECTION IV – 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.):			
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SECTION V – 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

If you answered “Yes” to the last question, please explain:

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Have you ever filed an application here before? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No

1. Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? ___ Yes ___ No

If yes, please explain: _____

2. Do you possess a valid driver's license? ___ Yes ___ No
If no, can you obtain one prior to employment? ___ Yes ___ No

3. Are you a resident of Ohio? ___ Yes ___ No

How long? ___ Years ___ Months

SECTION VI – REFERENCES

[Please give the name, address, and phone number of three (3) references not related to you who would know of your skills for this position]:

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

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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

****PLEASE READ CAREFULLY****

1. I understand and accept that if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

INITIALS _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

INITIALS _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that I may need to be fingerprinted. Therefore, I understand and accept that it is necessary for the employer to investigate my background for any criminal or unlawful activity.

INITIALS _____

5. I understand and accept that the Employer utilizes direct deposit as a method of issuing paychecks. I further acknowledge that, as a condition of employment, I will be required to participate in the direct deposit program, if employed.

INITIALS _____

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6. I hereby authorize the employers, schools, and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

INITIALS _____

7. I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SHELBY COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

INITIALS _____

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.

I understand this application will remain in the active application file and be considered only for a period of 180 days, after which I must submit a new application if I wish to continue to be considered for employment by Shelby County.

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date