



**APPLICATION FOR EMPLOYMENT
WITH
SANDUSKY COUNTY**

FOR OFFICIAL USE ONLY

INSTRUCTIONS: Please fill out this employment application form completely and accurately. Print or type in a legible manner. Failure to complete certain portions of this form may result in disqualification.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE # _____ WORK PHONE # _____

SOCIAL SECURITY NUMBER _____

APPLICATIONS ARE FILED ACCORDING TO SPECIFIC JOB OPPORTUNITIES POSTED. SANDUSKY COUNTY DOES NOT ACCEPT OR MAINTAIN ON FILE UNSOLICITED APPLICATIONS.

SANDUSKY COUNTY is an equal opportunity employer and selects the best matched individual for any job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or deliberate omission of a fact in my application (and attached resume, if any) may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that **SANDUSKY COUNTY** will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by **SANDUSKY COUNTY** and I release from liability any person giving or receiving any such lawful information. I understand the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired.
3. If offered a position, I agree to authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job for which I am being considered, prior to employment or in the future during my employment with **SANDUSKY COUNTY**.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I acknowledge this is an application for employment and that no employment contract is being offered. I have read and understand the above.

SIGNATURE: _____ DATE: _____

I FURTHER UNDERSTAND AND AGREE THAT IF APPLYING FOR A POSITION WITH SANDUSKY COUNTY COMMON PLEAS COURT JUVENILE/PROBATE DIVISION:

1. I hereby consent to have my fingerprints taken and placed on file.
2. As a condition of employment, and a condition of continued employment after hire, I consent to a polygraph examination, drug testing and psychological testing if requested by the court. I understand that reports of the testing will be shared with Sandusky County Common Pleas Court Juvenile/Probate Division and the County Human Resources Department. I understand that all evaluations and resulting reports are the property of Sandusky County, and that I will not have access to the evaluation data, nor any reports. Failure to comply with any tests requested could result in my dismissal.

I have read and understand the above.

SIGNATURE: _____ DATE: _____

Specify the name of the advertised position you are applying for:

How did you find out about this position? (please check one or more)

- Sandusky County Human Resources
- Posting on Sandusky County Bulletin Board
- Newspaper (name of publication) _____
- Internet (name of site) _____
- Other (please list) _____

Please check shift preference: Days Afternoons Nights No Preference

What is your minimum salary requirement? _____

What is the earliest date you will be able to accept employment / volunteer? _____

Do you meet the minimum qualifications and can you perform the job duties related to the specific job for which you are applying? Yes No

Do you have any commitments to anyone, which might affect immediate employment with this organization? Yes No

If yes, explain: _____

1. Are you under 18 years of age? Yes No
 If yes, can you obtain a work permit? Yes No

2. Are you a citizen of the United States? Yes No
 If not, can you legally work in the United States? Yes No

3. Have you ever been convicted of a criminal offense in the last five years? Yes No
Note: A criminal conviction will not necessarily bar an applicant from employment. Other factors such as age at the time of the offense, seriousness and nature of the act, and rehabilitation will be considered.

4. Have you ever filed an application for employment with Sandusky County? Yes No
 If yes, were you ever interviewed for employment? Yes No

5. Have you ever been employed by the State of Ohio or any of it's political subdivisions such as Cities, Villages, Townships, Counties, Fire Districts etc.? Yes No

6. Have you ever been employed by this organization? Yes No

7. Do you have a relative who is presently employed by Sandusky County? Yes No

If you answered yes to questions 3, 4, 5, 6 and/or 7, please explain:

EDUCATIONAL EXPERIENCE & TRAINING

Name, City and State of Each School	Type of Course or Major	Graduated / Degree
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HIGH SCHOOL:		
TRADE:		
VOCATIONAL:		
COLLEGE:		
GRADUATE:		
OTHER:		

Please describe any coursework or technical training you have received which will better enable you to perform the job for which you are applying. Include any licenses or certification you have obtained that will relate to your work.

If you have received any other training, not mentioned above, please describe. Include any equipment or instruments you can operate, any foreign language skills, or any other skills you possess which better indicate your ability to perform the job for which you are applying.

EMPLOYMENT HISTORY

Note: A resume may not be used as a substitute for completing this area.

Please describe your employment history (Including military service). Begin with your most recent or present employer.

Present or most recent job:

1. Company or Employer's Name: _____

Address: _____ Phone: _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

EMPLOYMENT HISTORY cont.

Next most recent job:

2. Company or Employer's Name: _____

Address: _____ Phone: _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

3. Company or Employer's Name: _____

Address: _____ Phone: _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

EMPLOYMENT HISTORY cont.

4. Company or Employer's Name: _____

Address: _____ Phone: _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

REFERENCES: Please list the name and address of three individuals, other than relatives, whom we may contact for a professional reference:

1. Name _____ Address _____

City/State _____ Telephone _____

2. Name _____ Address _____

City/State _____ Telephone _____

3. Name _____ Address _____

City/State _____ Telephone _____

TO BE COMPLETED BY APPLICANT

I do hereby give permission to the Sandusky County Human Resource Office / Sandusky County Appointing Authority to seek information concerning any employment experience. I have been employed by the employers listed on my job application and give the following permission to release any job related information requested by Sandusky County in order to determine whether I am suited for employment by them.

EMPLOYERS AUTHORIZED TO RELEASE INFORMATION

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I understand the Sandusky County Human Resource Office / Sandusky County Appointing Authority will verify information obtained from my job application, resume and other related documents. It is my understanding that Sandusky County may make a thorough investigation of my entire employment history and I release from liability any person giving or receiving any such lawful information.

I have read and understand the authorization granted above and agree to the same as a condition of my prospective employment.

Applicant's Signature: _____

Date: _____

Note: Former employer will be receiving a copy of the signed authorization, if requested. The original authorization will be retained in the applicant's records for future use.

APPLICANT BACKGROUND INVESTIGATION

Certain positions with Sandusky County require that an individuals past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions with the Sandusky County Commissioners / Sandusky County Appointing Authority, individuals selected for hire will undergo a background check with a local law-enforcement agency. Failure to complete this waiver will result in disqualification for employment with Sandusky County.

I further understand if applying for a position with Sandusky County Job and Family Services, individuals selected for hire will undergo a background check with law-enforcement agencies at federal and / or state level as well as local. Applicants may also be asked to provide a set of fingerprint impressions.

I authorize release of any police record information in my name, to the Sandusky County Human Resource Office / Sandusky County Appointing Authority.

Name: _____
(Please print) Last Middle First

List any other NAMES you have used during the previous five (5) years:

Please Print

List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:

Please Print

Social Security Number: _____

Signature: _____

REPORT

OFFICIAL: _____

DATE: _____

SANDUSKY COUNTY



Commissioners, **H**uman **R**esources, **R**isk **M**anagement

Board of Commissioners:
Dan Polter
Matt Damschroder
Terry Thatcher

County Administrator:
countyadministrator@co.sandusky.oh.us

REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

REQUESTED BY: Sandusky County Human Resources

To Whom It May Concern:

The following has made an application with Sandusky County. In accordance with Section 391.23. of the Federal Department of Transportation Regulations, please furnish the above signed with the applicants driving record for the last three (3) years.

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Driver’s License Number: _____

State License Issued In: _____

Signature of Applicant: _____

I GRANT PERMISSION TO SANDUSKY COUNTY TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

<p>DECLARATION In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code</p>	
<p>For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.</p>	
1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PUBLIC EMPLOYMENT - CONTINUED

<p>4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X _____
Signature

Date

Equal Employment Opportunity (EEO) Information

PLEASE COMPLETE AND SUBMIT THIS FORM WITH YOUR APPLICATION FORM. COMPLETION OF ANY OF THE INFORMATION ON THIS FORM IS **OPTIONAL**.

The information requested on this form is voluntary and will be used solely and exclusively for the purpose of EEO compliance and reporting information concerning applicants and appointees to State and Federal Civil Rights Agencies in conformance with national and state laws, rules and guidelines. SANDUSKY COUNTY is required to keep this form separate from all applications upon completion.

Classification/job for which you are applying: _____

Name: _____ Social Security Number _____ - _____ - _____

Birth Date: _____ Male Female

CHECK ONE:

- A. White Persons having origin in any of the original people of Europe, North Africa or the Middle East.
- B. Black People having origin in any of the Black racial groups.
- C. Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- D. American Indian or Alaskan Persons having origin in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- E. Asian/Pacific Islander Persons having origin in any of the original peoples of the Far East, South East Asia, Indian Subcontinent or Pacific Island.
- F. Handicap Individual with physical condition that limits his/her ability to attain employment.
- G. Veteran Honorable service with one of the armed services.

SIGNED: _____ **DATE:** _____

Note: The form and content of this form were derived in compliance with Ohio Civil rights Commission R 4112-5-04 which permits employers to gather and compile the information contained above.