



Application For Employment

Warren County, Ohio

We consider applicants for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s) mobile:		home:	
Email:			

If you are under 18 years of age, can you provide required Proof of your eligibility to work? Yes No

Have you ever filed an application with Warren County before? Yes No
If Yes, give date _____

Have you ever been employed with Warren County before? Yes No
If Yes, give date _____

Are you legally Eligible for employment in the United States? Yes No

Do you have a valid driver's license? Yes No If Yes, State/Number _____

Are you able to meet all attendance requirements of this position? Yes No

Are you able to work overtime if necessary? Yes No

Do you have any friends/relatives currently employed by Warren County? Yes No
If Yes, provide name _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

THIS IS A PUBLIC DOCUMENT

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve Nation Guard or any other similarly protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Please explain any gaps in employment:

Have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain

Other Qualifications/Licensure/Certification:

Summarize special job-related skills and qualifications acquired from employment or other experience. Also indicate any Licensure or certification(s) that you possess that may be applicable to the position for which you are applying.

State any additional information you feel may be helpful to us in considering your application

References

1. Name:	()
Relationship:	Phone #
Address:	
2. Name:	()
Relationship:	Phone #
Address:	
3. Name:	()
Relationship:	Phone #
Address:	

Applicant Statement and Signature

I certify that all information I have provided in order to apply for and obtain employment with Warren County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Warren County 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 Warren County 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 Warren County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Warren County, 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 Warren County, 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.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. 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 Warren County at any time. I understand that no representative of Warren County is authorized to make any assurance 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.

By typing my full name, I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Full Name: _____ Date: ____/____/____

EMERGENCY SERVICES APPLICANTS
where

Please read each paragraph carefully and initial indicated if you agree.

By typing my initials, I understand and accept that the Employer provides seven days per week and twenty-four hours per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including week-ends.

Initial _____

By typing my initials, I understand and accept that a high degree of integrity and confidentiality are required of the position applied for. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that employees of the Warren County Emergency Services do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initial _____

Revised: 1/15/16

THIS IS A PUBLIC DOCUMENT