

APPLICATION FOR EMPLOYMENT

**WOOD
COUNTY**

Alcohol, Drug
Addiction
and Mental Health
Services Board

Wood County is an equal opportunity employer and employment decisions are made without regard to race, religion, color, sex, pregnancy, sexual orientation, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.

Even if you are submitting supplemental information with your application, all information on the Wood County Application for Employment must be complete.

Personal Information

Name

Last First Middle Alias

Mailing Address

Street Address PO Box City State Zip Code

Phone Number

Home Other Contact Number

Email Address

Social Security Number*

Do you have the legal right to live and work in the U.S.?

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

Yes No

How did you find out about this position?

Posting in Lobby

County Website

Newspaper

Relative

Friend

Other _____

In case of emergency contact

Name Phone

Are you 18 years or older? Yes No

Employment Desired

Position(s)

Part Time Full Time

Shift Preference 1st 2nd 3rd

Date you can start

Salary Desired

Have you ever applied to Wood County before?

Yes No When?

Which office or department?

Have you previously worked for Wood County?

Yes No When?

Which office or department?

List any relatives employed by Wood County:

Name Department Relationship

Can you travel if the job requires it?

Yes No

*Social Security Numbers (SSNs) are used to match individuals with their application. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon employment and pursuant to Section 5101.312 of the Ohio Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but limited to the following: identification of obligors under child support orders, detection of welfare fraud, processing background checks, and tax information or general employee information.

Education

Upon employment, the successful applicant may be required to provide proof of graduation or G.E.D.

Name and Location of School	Highest Level Completed	Did you graduate?	Field of Study
High School or GED Courses	9 10 11 12		
College or Trade School	1 2 3 4 5 5+		
Graduate or Business School	1 2 3 4 5 5+		

List special equipment or machines you can operate:

List computer software in which you have skills, including word processing, spreadsheets and database programs. Please indicate the name of the specific software:

Are you a veteran? Yes No If yes, what branch of service?

List Rank Length of Service

Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Driver's License - Check if CDL State License No Expiration Date

Other License/Certification (LISW, STNA, First Aid/CPR, Notary, etc.) License/Certification Number Expiration Date

Personal References

Persons who have known you for at least one year. Do not include former employers or relatives.

Name and Occupation	Address	Telephone	Years Known

Employment History

Are you currently employed?

Yes Full-time

Yes Part-time

No

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer. Include additional Employment History sheets to reference your complete work history. Do not omit employers in history.

Business	Hire Date	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving		
	Position(s) Held			
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?			
Telephone	Describe job duties			
Last Supervisor's Name				
Ending Salary				

Business	Hire Date	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving		
	Position(s) Held			
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties			
Last Supervisor's Name				
Ending Salary				

Business	Hire Date	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving		
	Position(s) Held			
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties			
Last Supervisor's Name				
Ending Salary				

Business	Hire Date	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving		
	Position(s) Held			
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties			
Last Supervisor's Name				
Ending Salary				

Summary of Qualifications

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.

Release and Authorization

READ CAREFULLY BEFORE SIGNING

Initial each statement in the line provided. All lines must be initialed in order for application to be considered.

- _____ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.
- _____ I certify that I can perform the essential function of the job for which I have applied, with or without reasonable accommodation.
- _____ I understand that falsified statements or misleading information given in my application or interview(s) may result in discharge from employment regardless of when such information is discovered.
- _____ I authorize Wood County, Ohio, to obtain copies of my work record and educational history from my former employers and/or educational institutions.
- _____ I authorize Wood County to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions.
- _____ I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to Wood County.
- _____ I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and other applicable laws.
- _____ I understand that a post-employment physical examination or drug screening may be required for certain positions.
- _____ In the event that I am hired, I authorize Wood County to update and supplement this information during my employment with the County.
- _____ In consideration of the County's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with Wood County, its officials, boards, and agencies must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitation set forth herein, and **I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY**. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

Applicant's Signature

Date

Sworn to before me and signed in my presence

this _____ day of _____, 20_____

Notary's Signature

(typed or printed name) Notary Public, State of Ohio

(seal)

My commission expires _____