

Hocking County 911 Employment Application

Please fill out this application as completely as possible.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the County Human Resources Department (located in the Auditor's office.)

Position(s) Applying For:	_____				Date:	_____
Name:	_____	_____	_____	_____		
	Last	First	M			
Address:	_____		_____	_____	_____	_____
	Street		City	State	Zip	
Phone:	_____	2 nd Phone:	_____	Email:	_____	

Have you ever been employed here before? Yes No

If yes, give dates and positions

Are you legally eligible for employment in this country? Yes No

Date available to work _____ What is your Desired Salary Range? _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

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

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please give dates and details:

Answering "Yes" to these questions does not constitute and automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's License Number _____ Driver's License State _____

Employment History *(begin with most recent employer)*

From	To	Employer	Phone
Job Title		Address	
Supervisor		Job Summary	
May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later			
Reason for Leaving		Hourly Rate/Salary	
		Start Per	Final Per

From	To	Employer	Phone
Job Title		Address	
Supervisor		Job Summary	
May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later			
Reason for Leaving		Hourly Rate/Salary	
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From	To	Employer	Phone
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From	To	Employer	Phone
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May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later			
Reason for Leaving		Hourly Rate/Salary	
		Start Per	Final Per

Skills and Qualifications
Summarize any training, skills, licenses and/or certificates that may qualify you as being to perform job-related functions in the position for which you are applying.

Educational Background <i>(if job related)</i>				
Name and Location	No of Years Completed	Did you graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References		
Name	Telephone	Number of Years Known

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

- I understand and accept that, as a condition following an offer of employment and prior to assuming the duties of the position for which I am hired, I may be requested to take any medical and/or psychological examination that the employer deems to be necessary to determine whether I can perform the essential functions of the job. I understand this will include drug testing and hearing testing which may affect my ability to perform the duties of the job. _____ (initial here)
- I understand and accept that the employer provides a seven day per week and twenty-four hours per day service, and therefore, if employed, I may be required to working evening shifts, night shifts, weekends and holidays. _____ (initial here)
- I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that various law enforcement and informational agencies that exchange information and data with the employer may require that the employer's employees to 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 here) Application must be filled out completely to be valid.
- 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 by this application has been falsified or intentionally excluded. _____ (initial here)

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees 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, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, I am responsible for keeping my application current. Additionally, it may be necessary to reapply for employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances 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 employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that as a condition of employment, I will be required to submit to random drug testing.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____