Brown County Commissioners

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Last Name_____ First Name_____ MI____

Street Address_____

City_____ State_____ Zip Code_____

Phone: Area Code_____ Phone Number_____ County_____

Position applying for: _____

Can you perform the essential functions of the position for which you have applied? ☐ Yes ☐ No
If no, please explain:

_____

_____

COMPLETE YOUR RESPONSE TO EACH QUESTION

Are you interested in FULL-TIME PERMANENT work?	☐ Yes	☐ No
Are you interested in PART-TIME work?	☐ Yes	☐ No
Are you interested in TEMPORY work?	☐ Yes	☐ No
Are you interested in INTERMITTENT work?	☐ Yes	☐ No
Are you interested in SUMMER work?	☐ Yes	☐ No
Are you at least 18 years of age?	☐ Yes	☐ No
Are you authorized to work in the U. S.?	☐ Yes	☐ No

Date Available to start work? _____

THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

Have you ever been or are you currently employed in the State or County Services in Ohio? ☐ Yes ☐ No

Do you have a valid Ohio Driver's License, or are you willing to obtain one? ☐ Yes ☐ No
If Yes, State_____ Year of Expiration _____

If necessary, can you supply your own transportation for work use? ☐ Yes ☐ No

Have you had your Driver's License suspended or revoked? ☐ Yes ☐ No

Have you been convicted of any felony or misdemeanor? ☐ Yes ☐ No
If yes, list date(s) and type(s) of offense(s) (Convictions may not automatically disqualify you):

_____

DO NOT WRITE BELOW THIS LINE FOR ADMINISTRATIVE USE ONLY

Received By: _____ Date: _____ Time: _____

EXPERIENCE

PRESENT OR MOST RECENT JOB:
Employer's name and address _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties performed:

_____
_____

NEXT MOST RECENT JOB:
Employer's name and address _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties performed:

_____
_____

Employer's name and address _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties performed:

_____
_____

Employer's name and address _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties performed:

_____
_____

Employer's name and address _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties performed:

_____
_____

References Other Than Former Employers and Relatives

Name	Address, City, State, Zip	Phone Number
1.		
2.		
3.		

EDUCATION

Did you receive a High School Diploma or GED? ☐ Yes ☐ No If no, highest grade completed ___

Name and address of last school, college or university attended (if high school only, leave this area blank)

_____

_____

_____

College/University:	Sem Hrs	Qtr Hrs	Major	Type of Degree	Degree Awarded?
					Yes No
					Yes No
					Yes No
Business/Vocational School:	Course of Study		No. of Weeks	No. Hrs. Week	Completed?
					Yes No
					Yes No

PROFESSIONAL LICENSES, CERTIFICATIONS AND REGISTRATIONS

Type (s)	License/ Registration #	Expiration Date	Licensed to practice in Ohio
			Yes No
			Yes No
			Yes No

ADDITIONAL QUALIFICATIONS

Outline briefly any other skills or experience that may be helpful to us in considering your qualifications. Please include volunteer and other community activities:

Please circle all of the Microsoft software programs you have used:

Access Excel Front Page Outlook Power Point Publisher Word

List any other software programs or special machinery and equipment:

MISCELLANEOUS

Emergency Information
Please list a contact person in case of an emergency.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

Previous Addresses
In the areas below, please list your TWO MOST RECENT PREVIOUS HOME ADDRESSES WITHIN THE LAST SEVEN YEARS, with the date of residences for each previous address.

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE

I certify all information given by me in this application is true and complete. I authorize Brown County to verify the information provided and realize that false information (misrepresentation or omission of information called for) is a basis for disqualification or dismissal. I authorize Brown County to contact educational institutions and current and previous employers. I further authorize current and former employers to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information. I understand that information provided by me on this document may also be compared with information contained in records maintained by Brown County concerning myself for the purpose of determining my suitability for employment with Brown County.

Sign here: _____ **Date:** _____

Print full name: _____ Social Security Number: _____

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER OFFICIAL FOR THIS PURPOSE.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20____ at _____ County of _____ and State of _____

Signature of officer_____

Official Title _____

(Official Seal of Notary)

Information Release
I hereby authorize the release of this form to appropriate officials for recruitment purposes.

Applicant Signature _____ Date _____

Form for Authority to Release Information

To Whom It May Concern:

I, _____, am applying for a position with _____ and said agency permission to obtain information concerning me from schools, employers, criminal justice agencies for individuals relating to my activities as requested. This information is to include but not be limited to, academic achievement, work performance, attendance, disciplinary action, conviction records and cause for my leaving any employment.

As this information is to be furnished at my request and for my benefit, I hereby release any such person/entity from any and all liability of whatsoever nature for furnishing such information and release Brown County Commissioners from any and all liability of whatsoever nature for its use of such information.

Signature (full name): _____

Print full name: _____

Other names used: _____
(Maiden name, married name, nicknames, etc.)

Social Security Number: _____

Date: _____

EMPLOYEE CONSENT TO PROCUREMENT OF MOTOR VEHICLE REPORT

The undersigned hereby authorizes the Brown County Commissioners, or its insurances agency John Wood Insurance Agency, to obtain a copy of a motor vehicle report received through the Ohio Bureau of Motor Vehicles. This report will be obtained for employment purposes only, for the use of rating and/or underwriting insurance for which the above named employer my apply. I do hereby authorize the use of this information in order to obtain a motor vehicle report.

Signed: _____ Dated: _____

Printed Name: _____

Date of Birth: _____

Social Security #: _____

Drivers License #: _____