

EDUCATION CONTINUED:

Typing Speed _____ wpm Data Entry Speed _____ kpm

Computer Knowledge, Hardware and Software Programs _____

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE:

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Verifiable voluntary work may also be included as employment. **NOTE: A resume may not be used as a substitute for completing this page.**

PRESENT OR MOST RECENT JOB:

Employer's Name and Address _____

Length of Employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for Leaving: _____

Position 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 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 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 Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

EXPERIENCE CONTINUED:

NEXT MOST RECENT JOB:

Employer's Name and Address _____

Length of Employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for Leaving: _____

Position 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 Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

Yes No

Do you claim veterans service preference? If YES, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

Yes No

Verified By: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18th birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

Yes No

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

MISCELLANEOUS:

The following information will be used only if it is directly related to the position for which you are applying:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have an Ohio Drivers License?
License # _____ Class _____ Expiration Date _____
<i>Answer only if you answered "No" to question #1.</i>
Are you willing and able to secure an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Commercial Drivers License (CDL)?
<i>Answer only if you answered "No" to question #2.</i>
Are you willing and able to secure a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If necessary, can you supply your own transportation for work use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by the State of Ohio or any County of Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a Felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can you perform the job related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to questions 4 and/or 5 and/or "NO" to question 6, please explain fully below, indicating by number to which question you are responding.

CERTIFICATE OF APPLICANT
(Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Ashtabula County. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position will be required to submit to a urinalysis test for illegal drug use, and to a complete medical examination prior to appointments. A conditional offer of employment shall be rescinded for an applicant with a positive urinalysis test and/or who failed a complete medical examination.

ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER.

Signature: _____ Date: _____

Ashtabula County

Position Applying For: _____

Today's Date: _____

Affirmative Action Questionnaire

Social Security No.: _____

Birth Date: _____

Ashtabula County is asking all applicants to comply with United States Government Equal Employment Opportunity Requirements. Data collected will be used for statistical purposes only. This information which you provide voluntarily will be detached from your application and will be kept separate and confidential. Please answer all questions by placing an "X" in the appropriate blank.

1. ARE YOU? Male Female

2. DO YOU HAVE A DISABILITY? Yes No

If Yes, Please Explain _____

3. Ethnic Origin - PLEASE CHECK ONLY ONE.

- a. White - Caucasians, Anglo Saxons
- b. Black - African Descent, Jamaican, Trinidadian, West Indian
- c. Hispanic - Mexicans, Chicanos, Latin Americans, Spanish Decent, Cubans, Puerto Ricans
- d. Asian/Pacific Islander - Chinese, Japanese, Korean, Thais, Polynesians
- e. American Indian/Alaskan Native - includes persons who identify or are known as such as by virtue of tribal association.

PLEASE COMPLETE THE FOLLOWING:

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

- 1. County Personnel Department
- 2. County Employee
- 3. County Bulletin Board
- 4. Newspaper or Publication Name of Newspaper or Publication: _____
- 5. Community Organization Name of Organization: _____
- 6. Other _____