

ASHTABULA COUNTY EMPLOYMENT APPLICATION

Job & Family Services, 2924 Donahoe Drive, Ashtabula, OH 44004

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Are You Interested In: <div style="text-align: center;"> Yes No </div> Full Time Work? Part Time Work? Temporary Work? Summer Work?	EMPLOYER USE ONLY – DO NOT WRITE IN THIS AREA Accepted Not Accepted Late Filing Department _____ Supervisor _____ Start Date _____ Rate of Pay _____ Job Title _____
--	---

All applicants tentatively selected for this position will be required to submit to urinalysis to test for illegal drug use prior to appointments. An applicant with a positive test shall not be offered employment.

Please Note:

1. A separate application is required for each position.
2. All applications must be filed in the Human Resource Office of Ashtabula County Job & Family Services.
3. If applications are mailed, they must be post marked no later than midnight on the final date for filing.

POSITION APPLYING FOR: _____ **EXPECTED SALARY** _____

Name _____ Social Security No. _____

Last First Middle

Address _____

Number Street City State Zip

Home Phone: () _____ Business Phone: () _____

EDUCATION: Do you have a High School Diploma or G.E.D. certificate? YES NO

If NO, what is your highest grade completed? _____

List below all course work, special training, or seminars that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned.

NAME & ADDRESS OF SCHOOL, VOCATIONAL SCHOOL OR COLLEGE	TITLE OF COURSES TAKEN OR MAJOR	DID YOU GRADUATE?	CERTIFICATES, DEGREES, ETC. (IF YOU ATTENDED UNDER ANOTHER NAME, PLEASE INDICATE.)

Professional License or Certificate or Other Credential, if required for this Position	Description	Number	By Whom Issued	Expiration Date	Verified By:

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

EDUCATION CONTINUED: (If applicable to the position applying for)

Typing Speed _____ wpm Data Entry Speed _____ kpm

Computer Knowledge, Hardware, and Software Programs

In the area below, please briefly describe 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 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 form.

PRESENT OR MOST RECENT JOB:

Employer's Name and Address: _____

Length of Employment FROM: month _____ year _____ TO: month _____ year _____

Reason for Leaving: _____ Immediate Supervisor _____ Phone # _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

NEXT MOST RECENT JOB:

Employer's Name and Address: _____

Length of Employment FROM: month _____ year _____ TO: month _____ year _____

Reason for Leaving: _____ Immediate Supervisor _____ Phone # _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

Employer's Name and Address: _____

Length of Employment FROM: month _____ year _____ TO: month _____ year _____

Reason for Leaving: _____ Immediate Supervisor _____ Phone # _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

EXPERIENCE CONTINUED:

Employer's Name and Address: _____

Length of Employment FROM: month _____ year _____ TO: month _____ year _____

Reason for Leaving: _____ Immediate Supervisor _____ Phone # _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

Employer's Name and Address: _____

Length of Employment FROM: month _____ year _____ TO: month _____ year _____

Reason for Leaving: _____ Immediate Supervisor _____ Phone # _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

May we contact all your previous or current employers? Yes No

If no, please advise why:

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: _____

REFERENCES:

Please list the names and address 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:

Do you have an Ohio Driver’s License?YesNo

.....License # _____ Class _____ Expiration Date _____

Answer only if you answered “NO” to question #1.

.....Are you willing and able to secure an Ohio Driver’s License? Yes No

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

Have you ever been employed by the State of Ohio or any County of Ohio? Yes No

4. Can you perform the job-related requirements of the specific job for which you are applying?YesNo

@you answered “YES” to questions 3 and/or “NO” to question 4, please explain fully below, indicating by number to which you are 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. A conditional offer of employment may be rescinded for an applicant with a positive urinalysis test and/or fails an official background check.

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

Signature: _____ Date: _____

Ashtabula County
Affirmative Action Questionnaire

Position Applying For: _____ Today's Date: _____

Social Security No: _____

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 provided 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.

A. ARE YOU? Male Female

B. DO YOU HAVE A DISABILITY? Yes No

If yes, please explain _____

C. Ethnic Origin – PLEASE CHECK ONLY ONE.

White – Caucasians, Anglo Saxons

Black – African Descent, Jamaican, Trinidadian, West Indian

Hispanic – Mexicans, Chicanos, Latin Americans, Spanish Decent, Cubans, Puerto Ricans

Asian/Pacific Islander – Chinese, Japanese, Korean, Thais, Polynesians

American Indian/Alaskan Native includes persons who identify themselves 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)

County Human Resource Department

County Employee (Name of County Employee) _____

County Bulletin Board

Newspaper or Publication (Name of Newspaper or Publication) _____

Community Organization (Name of Organization) _____

Other _____