



**BOARD OF COUNTY COMMISSIONERS
CLARK COUNTY, OHIO**

County Personnel Department

3130 E. Main Street
P.O. Box 357
Springfield, Ohio 45501-0357

Thank you for your interest in employment with the County. Interested applicants must submit a cover letter, current resume, and employment application to the address listed above or fax to 937-328-2486. Please be sure to specify skills and experience applicable to the position for which you are applying. **Type or print clearly.**

***Applicants needing accommodation for completing application or interview, please contact the Personnel department at 937-521-2018.** Clark County is an Equal Opportunity/ADA Compliance Employer, M/F V/H. We do not discriminate on the basis of race, color, national origin, ancestry, sex, genetic information, sexual orientation, religion, age, disability or military status.

Date of Application: _____

Position(s) of Interest (be specific): _____

Name: _____

Last First Middle Previous Name

Address: _____

Number Street City State Zip Code

Email Address: _____ Primary Telephone #: _____

How Did You Hear About Us?

- Advertisement
- Friend
- Walk-in
- OhioMeansJobs
- Website
- Relative
- Other - explain _____

Have you ever been employed with Clark County? Yes No

If yes, give department and dates _____

Do you have any relatives employed by the County? Yes No

If yes, please list name(s) and departments(s): _____

Are you legally eligible to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment

Do you have a valid Driver's License? Yes No If yes, state issued _____

Are you available to work: Full Time Part Time Shift Work Temporary Intermittent
 Unpaid Volunteer or Internship

Date available for work ____ / ____ / ____ Desired salary range \$ _____ annually

MILITARY SERVICE

(Military Discharge Certificate DD-214 may be required at time of employment)

Have you ever been in the Military? Yes No Branch: _____

Are you a spouse, surviving spouse, child, or parent of a veteran?

Describe your position: _____

Date of Separation: _____ Type of Discharge: _____

EMPLOYMENT HISTORY

Please list past work experience, including military assignments, beginning with your most recent employment. If the title and duties changed significantly in the course of your service in any one organization, indicate such changes clearly and as separate employments. Volunteer work may be included as employment. Please include details of work performed on resume:

Employer Name: _____

Address: _____

Position Held: _____ From: _____ To: _____

Rate of Pay: _____ Reason For Leaving: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Is this your current employer: __Yes __No May we contact this employer: __Yes __No

Employer Name: _____

Address: _____

Position Held: _____ From: _____ To: _____

Rate of Pay: _____ Reason For Leaving: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Is this your current employer: __Yes __No May we contact this employer: __Yes __No

Employer Name: _____

Address: _____

Position Held: _____ From: _____ To: _____

Rate of Pay: _____ Reason For Leaving: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Is this your current employer: __Yes __No May we contact this employer: __Yes __No

EDUCATIONAL HISTORY

High School: _____

Graduated: __Yes __No

College/Undergraduate: _____

Graduated: __Yes __No Course of Study/ Degree: _____

Training School: _____

Graduated: __Yes __No Certificate: _____

REFERENCES

In addition to the names of immediate supervisors supplied previously, please list the names and phone numbers of individuals, other than relatives, whom we may contact for a professional recommendation.

1.

Name	Position & Employer	Phone #
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2.

Name	Position & Employer	Phone #
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3.

Name	Position & Employer	Phone #
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EMERGENCY INFORMATION

In the space provided below, please provide the name and telephone number of one person who will always know your whereabouts. This information will be used only in case of an emergency.

Name	Relationship	Phone #
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OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Please list any certificates and/or licenses you have acquired as well as any computer experience or equipment you have operated which may be applicable to the position for which you are applying.

APPLICANT'S STATEMENT/RELEASE

I certify that the answers I have made to all of the questions in this application and accompanying documents are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to and after employment. I understand that an applicant may be denied employment on the basis of an unsatisfactory driving record. At the direction of the appointing authority, denial of employment may be made without regard to the number of points or violations, whether they occurred within the past 36 months or whether they occurred in the state of Ohio.

In accordance with the Drug and Alcohol Free Workplace policy, drug testing may be required. I understand that any offer of employment which may be made to me by the Appointing Authority or Designee (Employer) is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to the Employer to conduct a drug test that will be performed by a laboratory selected by the Employer. I also understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug and Alcohol Free Workplace Policy, any contingent job offer which may be or has been made to me will be null and void. I understand that the decision of the Employer shall be final.

In addition to drug testing prior to employment, in accordance with the Drug and Alcohol Free Workplace policy, the Employer reserves the right to perform, and I waive any right to object to, mandatory urinalysis or other standard tests to detect alcohol abuse, illegal drug abuse, marijuana use, or substance abuse, if I become employed by Clark County.

I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I further understand and acknowledge the Employer reserves the right to require me to submit to any requested medical and/or psychological examination(s) after a job offer has been made and prior to my first day of employment. Where required, such examination(s) will be performed by a licensed physician or medical practitioner of the Employer's choosing. If I fail any of the required pre-employment tests relating to drug, alcohol, marijuana or substance abuse, or am otherwise found to be physically incapable of performing the job for which I am applying, the application procedure will be terminated, and I will NOT be employed.

By signing this document I submit to the aforementioned tests and procedures, if required. I permit Clark County to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation I understand that Clark County will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this release, I hereby give my consent to all prior employers and educational institutions to provide necessary information to Clark County. I hereby release, hold harmless, and agree not to sue or file any claim of any kind against Clark County, any current or former employer, educational institution, any officer or employee of either, that in good faith furnishes written or oral references as requested by Clark County to complete its investigation. If I refuse to consent to any required screenings or background checks, Clark County shall not accept or further process my application for employment. I further acknowledge that this document is a public document and subject to the Ohio Public Records Act.

Signature of Applicant

Date



This box is to be used only by Personnel during the evaluation process. Do NOT complete now.

Application Received _____	Letter Mailed _____
Social Security Number _____	Date of Birth _____
Driver's License # _____	State Issued _____
First Interview _____	Second Interview _____