

# EMPLOYMENT APPLICATION

Clark County Engineer's Office  
4075 Laybourne Road  
Springfield, Ohio 45505  
(937) 521-1800

**Name:** \_\_\_\_\_  
(Last)
(First)
(Middle)
(Previous Name)

**Address:** \_\_\_\_\_  
(Street)
(City)
(State)
(Zip Code)

**Telephone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_ **Length at current address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Position(s) applied for:** \_\_\_\_\_

**Full-Time** [ ]      **Part-Time** [ ]      **Temporary** [ ]      **Seasonal** [ ]

**Best time to call for an interview:** \_\_\_\_\_ **Best date & time for an interview:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you ever been employed by Clark County?** Yes [ ] No [ ]      **If yes, please give date, department and reason for leaving:** \_\_\_\_\_

**Do you have any relatives employed by the County?** Yes [ ] No [ ] **If yes, please list name(s) and department(s):** \_\_\_\_\_

**Do you have proper documentation to be employed in the U.S.?** Yes [ ] No [ ]  
(Proof of U.S. Citizenship or Immigration Status may be required upon employment.)

## SECTION I – EMPLOYMENT HISTORY

**FULLY DESCRIBE your work experience beginning with your most recent job – Use additional sheets if needed**

**May your current employer be contacted at this time?** Yes [ ] No [ ]

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time [ ]	Telephone No.: _____	_____
Part-Time [ ]	Duties Performed: _____	_____
Reason for Leaving: _____	Rate of Pay: _____	Hours: _____

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time [ ]	Telephone No.: _____	_____
Part-Time [ ]	Duties Performed: _____	_____
Reason for Leaving: _____	Rate of Pay: _____	Hours: _____

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time [ ]	Telephone No.: _____	_____
Part-Time [ ]	Duties Performed: _____	_____
Reason for Leaving: _____	Rate of Pay: _____	Hours: _____

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time [ ]	Telephone No.: _____	_____
Part-Time [ ]	Duties Performed: _____	_____
Reason for Leaving: _____	Rate of Pay: _____	Hours: _____



## BACKGROUND INFORMATION RELEASE AND OTHER REQUIREMENTS (Please print legibly)

**Name :** \_\_\_\_\_  

(Last)
(First)
(Middle)
(Previous Name)

**Address:** \_\_\_\_\_  

(Number)
(Street)
(City)
(State)
(Zip Code)

**Social Security Number:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **Do you have a Commercial Driver's License?**  Yes  No

**Endorsements:** \_\_\_\_\_

### QUESTIONNAIRE

During the previous thirty-six months, have you been involved in any of the following? Please provide all details including date and location for any questions that are answered "yes":

- a. Had automobile insurance rejected, canceled, refused or been in a high risk insurance program? \_\_\_\_\_
- b. Been involved in any accidents either at fault or not at fault? \_\_\_\_\_
- c. Had any traffic or driving related violations other than overtime parking? \_\_\_\_\_

Details if "yes" (attach supplemental sheet if needed): \_\_\_\_\_

I understand that as a condition of employment, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County. I understand and agree that the County may conduct periodic reviews of my driving record including State of Ohio Bureau of Motor Vehicle records. I further understand that I may be asked to provide with my application, or at any time during my employment, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. If employed, I further agree to report to my supervisor any accidents, convictions, violations, or cancellation of personal insurance immediately after they occur and prior to driving any vehicle on behalf of the County.

I affirm the facts set forth in this application are true and complete. I understand and agree that any false statement, omission of information or misrepresentation by me on this application will be sufficient cause for cancellation of this application and or dismissal from the employer's services if I have been employed. Furthermore, I understand that I am free to resign at any time and that the County reserves the right to terminate my employment at any time, subject to the procedures appropriate for the position or department. I understand that no one has the authority to make any assurance to the contrary.

I understand that if I am selected for employment with Clark County, I may be offered a position conditionally pending a pre-employment physical and drug screening. I further understand that any false statement or misrepresentation by me to the medical persons conducting the screening for the County or on any of the medical history forms, or failure to complete or pass the screening, will be sufficient cause for cancellation of a job offer or dismissal from the County's employment if I have been employed.

I give the employer the right to investigate all references and to contact all past employers and supervisors and to secure additional information about me, if job related, including, but not limited to records relating to any criminal and civil convictions; during the application period or at any time during my employment. I hereby release from liability the County and its representatives for seeking such information and all other persons or organizations for furnishing such information. I further acknowledge that this document is a public document subject to the Ohio Public Records Act.`1

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

**Record Information:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Deputy or Authorized Personnel Releasing the  
 above information

# COMMERCIAL DRIVER LICENSE INFORMATION

Name: \_\_\_\_\_  
 (Last) (First) (Middle) (Previous Name)

Address: \_\_\_\_\_  
 (Number) (Street) (City) (State) (Zip Code)

Are you at least 18 years old ?  Yes  No

Commercial Driver License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Have you ever been enrolled in a random drug testing pool ?  Yes  No ,

If Yes, by whom ? List all applicable drug testing pools:

\_\_\_\_\_

List all employment over the past 10 years where you were employed in a driving capacity or held a Commercial Driver License. – Use additional sheets if needed.

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time <input type="checkbox"/>	Telephone No.: _____	_____
Part-Time <input type="checkbox"/>	Duties Performed: _____	_____
Reason for Leaving: _____	_____	_____
_____	Rate of Pay: _____	Hours: _____

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time <input type="checkbox"/>	Telephone No.: _____	_____
Part-Time <input type="checkbox"/>	Duties Performed: _____	_____
Reason for Leaving: _____	_____	_____
_____	Rate of Pay: _____	Hours: _____

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time <input type="checkbox"/>	Telephone No.: _____	_____
Part-Time <input type="checkbox"/>	Duties Performed: _____	_____
Reason for Leaving: _____	_____	_____
_____	Rate of Pay: _____	Hours: _____

List all residential addresses over the past 10 years: – Use additional sheets if needed.

From: Mo. \_\_\_\_ Yr. \_\_\_\_ Address: \_\_\_\_\_  
 To: Mo. \_\_\_\_ Yr. \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

From: Mo. \_\_\_\_ Yr. \_\_\_\_ Address: \_\_\_\_\_  
 To: Mo. \_\_\_\_ Yr. \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

From: Mo. \_\_\_\_ Yr. \_\_\_\_ Address: \_\_\_\_\_  
 To: Mo. \_\_\_\_ Yr. \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

From: Mo. \_\_\_\_ Yr. \_\_\_\_ Address: \_\_\_\_\_  
 To: Mo. \_\_\_\_ Yr. \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_