

MUSKINGUM COUNTY APPLICATION FOR EMPLOYMENT

Muskingum County is an equal employment opportunity employer and complies with the Civil Rights Act, the Americans With Disabilities Act and other legislation which prohibits discrimination in employment because of race, color, sex, religion, national origin, age, or physical and mental disability. Any applicant who feels that he or she has been discriminated against in some manner, is encouraged to report the incident immediately to the Human Resources Director or Appointing Authority. Please note that this completed form will become a public record when submitted to the County.

Instructions: Your interest in employment with our County is appreciated. This application is the initial step in the selection process and it will help the County assess your qualifications, work history, experience and training. You must complete this application, in full, to be considered for employment. If you have a resume, you may attach it to this application form, however, you must still complete this application form. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back of this form. Please write legibly.

If you need assistance completing this form because of a disability, please request that the official provide someone to assist or you may request some other reasonable accommodation.

PERSONAL INFORMATION

Name _____ Telephone () _____
Last First Middle

Current Address _____
Number Street City Zip Code

Social Security Number _____ - _____ - _____	Your Social Security Number is voluntary upon completing this application, however, upon appointment, it is mandatory that you provide it to the County. Your SSN may be lawfully required for purposes including but not limited to general identification, tax information, identification of obligors under child support orders, and detection of welfare fraud.
---	--

Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>A felony conviction will not automatically exclude you from consideration</small>
--	--

Have you ever been employed by Muskingum County? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which department? _____
--	--

Do you have any secondary employment that will continue if you are hired by the County? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, list the nature of the secondary employment	_____ _____ _____ _____
--	----------------------------------

Can you provide proof of your legal right to work in the United States? If hired, you'll be required to provide proper identification and verification of employment eligibility. <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY
Start with present or most recent employer

Employer:	_____	Phone No.	_____	Supervisor Name:	_____
Address:	_____	Your Job Title:	_____		
Salary:	Starting \$ _____	Last \$ _____	Dates employed:	___/___/___	to ___/___/___
Position/Duties:	_____				
Reason for leaving: _____					
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer:	_____	Phone No.	_____	Supervisor Name:	_____
Address:	_____	Your Job Title:	_____		
Salary:	Starting \$ _____	Last \$ _____	Dates employed:	___/___/___	to ___/___/___
Position/Duties:	_____				
Reason for leaving: _____					
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer:	_____	Phone No.	_____	Supervisor Name:	_____
Address:	_____	Your Job Title:	_____		
Salary:	Starting \$ _____	Last \$ _____	Dates employed:	___/___/___	to ___/___/___
Position/Duties:	_____				
Reason for leaving: _____					
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer:	_____	Phone No.	_____	Supervisor Name:	_____
Address:	_____	Your Job Title:	_____		
Salary:	Starting \$ _____	Last \$ _____	Dates employed:	___/___/___	to ___/___/___
Position/Duties:	_____				
Reason for leaving: _____					
May we contact for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Expected Hourly Rate: \$ _____	Do you want:	Full-time _____	Part-time _____	Seasonal _____
		Intermittent _____	Temporary _____	Any _____

If hired, when will you be available to work? ___/___/___	List any schedule restrictions	_____

List all job equipment [listed on the description] which you are qualified to operate

REFERENCES

Please list three (3) work references whom this department has permission to contact

	Name	Address	Phone
1.			
2.			
3.			

APPLICANT SIGNATURE

Please read the statements below, and upon your understanding and agreement, sign in the spaces provided.
No application will be considered which is not signed.

Applicant Understanding and Agreement

In signing below, I am verifying that all of the information I've provided is complete, truthful and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration in the employment selection process. If I am hired, and the department subsequently discovers that information provided on this application is inaccurate or incomplete, I understand that this may be sufficient cause for me to be separated from employment. I understand that this application is not intended to be a contract of employment and that employment with the department does not constitute a contractual employment relationship.

_____ Applicant's Signature

___/___/___ Date