



GREENE COUNTY APPLICATION FOR EMPLOYMENT

Office of Personnel • 105 East Market Street • Xenia, Ohio 45385-3110

Greene County is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, national origin, disability, religion, age (where protected by law), or color.

(PLEASE PRINT)

Position Being Applied For:

JOB TITLE: _____ POSITION CONTROL NUMBER: _____

DEPT./OFFICE: _____ DEADLINE DATE: _____

Personal Information

NAME (Legal): _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

PHONE NO.: (_____) _____ SOCIAL SECURITY NO.: _____
Area Code

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY BEFORE? YES NO DATE: _____

LOCATION: _____

DO YOU WANT TO WORK: FULL-TIME PART-TIME

DO YOU HAVE THE LEGAL RIGHT TO LIVE AND WORK IN THE U.S.? YES NO

ARE YOU OVER 18 YEARS OF AGE? YES NO

PLEASE LIST ANY RELATIVES EMPLOYED BY THE COUNTY:

NAME: _____ DEPARTMENT: _____ RELATIONSHIP TO YOU: _____

NAME: _____ DEPARTMENT: _____ RELATIONSHIP TO YOU: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (NOTE: A conviction will not necessarily ban you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness based on the position for which you are applying.) YES NO

IF YES, EXPLAIN: _____

Military Experience

ARE YOU A VETERAN? YES NO IF YES, WHAT BRANCH OF THE SERVICE? _____

RANK? _____ LENGTH OF SERVICE? _____

In order to claim U.S. Military Service Credit on an examination score, if applicable, you must submit a copy of your honorable separation or DD214 with this application. Check this box to request military credit.

Education (High School)

HIGH SCHOOL GRADUATE? YES NO

NAME AND LOCATION OF HIGH SCHOOL (city and state) _____

GED CERTIFICATE NUMBER _____ GED ISSUED BY _____

ARE YOU CURRENTLY ATTENDING SCHOOL (for College intern and Student Help positions)? YES NO

LEVEL? _____

Education (Post-High School)

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

School Name & Location	Major Areas of Study	Type of Degree or Certification Attained

Please list below the specific course work areas at the high school level or beyond relevant to the position (or examination) for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may *not* be substituted for this section, although you may be required to submit one.

Course Work Area	No. of Courses	Course Work Area	No. of Courses

Training & Other Qualifications

(DO NOT INCLUDE COURSEWORK ALREADY DESCRIBED ABOVE)

Subject or Title of Training	Organization	Length of Training

List special equipment or machines you can operate: _____

List computer software in which you have skills, including word processing, spreadsheet and database programs. Please indicate the name of the specific software: _____

List special clerical skills, including typing and shorthand/speedwriting: _____
 _____ Speed: _____

List any additional relevant skills you have: _____

License, Registration, & Certificates

(BE SURE TO INCLUDE ANY VALID DRIVERS LICENSE OR COMMERCIAL DRIVERS LICENSE IF REQUIRED FOR THE JOB TITLE)

License / Certification Issued by	Field / Trade / Specialization	License / Certification Number	Expires

Employment Experience

List your entire work history. Start with your **PRESENT** or **LAST** job and attach extra copies of this page if additional space is needed. Include military service assignments and volunteer activities. **NOTE:** In order to be considered for employment, you must fill in the information below accurately and completely. You may submit a resume **IN ADDITION** to completing this section. **MAY WE CONTACT YOUR PRESENT EMPLOYER?** YES NO

1.	EMPLOYER	FROM	TO	JOB DUTIES
		MONTH/DAY/YEAR	MONTH/DAY/YEAR	
	ADDRESS			
	JOB TITLE	HOURLY RATE / SALARY		
		STARTING	FINAL	
	SUPERVISOR			
REASON FOR LEAVING				
2.	EMPLOYER	FROM	TO	JOB DUTIES
		MONTH/DAY/YEAR	MONTH/DAY/YEAR	
	ADDRESS			
	JOB TITLE	HOURLY RATE / SALARY		
		STARTING	FINAL	
	SUPERVISOR			
REASON FOR LEAVING				
3.	EMPLOYER	FROM	TO	JOB DUTIES
		MONTH/DAY/YEAR	MONTH/DAY/YEAR	
	ADDRESS			
	JOB TITLE	HOURLY RATE / SALARY		
		STARTING	FINAL	
	SUPERVISOR			
REASON FOR LEAVING				
4.	EMPLOYER	FROM	TO	JOB DUTIES
		MONTH/DAY/YEAR	MONTH/DAY/YEAR	
	ADDRESS			
	JOB TITLE	HOURLY RATE / SALARY		
		STARTING	FINAL	
	SUPERVISOR			
REASON FOR LEAVING				

Summary of Qualifications

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the **Minimum Qualifications** and any **Position-Specific Qualifications** posted for this position.

DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY

APPROVED
 HR STAFF
 DISAPPROVED
 EDUCATION
 EXPERIENCE
 LATE
 INCOMPLETE
 OTHER _____

Emergency Contact Information

NAME OF CONTACT _____ RELATIONSHIP _____

ADDRESS _____
NUMBER/STREET CITY STATE ZIP

HOME PHONE (_____) _____ WORK PHONE (_____) _____

Release and Authorization

PLEASE READ CAREFULLY

I certify that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed, and I will be automatically disqualified. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she acquired relevant to my employment following disclosure by me of any disabilities which may prevent me from performing the essential functions of the job for which I've applied. I hereby consent that he or she may disclose such knowledge or information to the Office of Personnel in consideration of an offer of employment or during my employment with Greene County. I understand that this application may raise questions regarding my past work and education record, and that the organizations' agents and employees may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed. By signing this waiver, I expressly authorize Greene County, Ohio to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Greene County's designated agent, with this information upon their request.

If your records may be under another name, please include that name. _____

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of the County. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation. 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 understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon proper notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that a post-employment physical examination is required for certain positions.

By signing this waiver, I expressly authorize Greene County to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions, so that my qualifications for employment may be reviewed. In the event that I am hired, I also authorize Greene County to continue to obtain this information during my employment with the County.

SIGNATURE OF APPLICANT _____

DATE OF SIGNATURE _____



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**(COMPLETION OF THIS FORM IS COMPLETELY VOLUNTARY)
(ANSWER ALL QUESTIONS - PLEASE PRINT)**

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, or disability.

To help us comply with Federal / State equal employment opportunity record keeping, reporting and other legal requirements, we request you supply the following information. This information will in no way affect the processing of your application or your being considered for employment.

This Pre-Employment Information Form will be kept in a Confidential File separate from the attached Application for Employment and used for statistical purposes only.

Date: _____

Position Applied for: _____

Referred By: _____

Name: _____
Last First Middle

Birthdate: _____ Social Security No.: _____ - _____ - _____

Race / Ethnic Group: White Black Hispanic
 Native American / Alaskan Native Asian / Pacific Islander

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? Yes No

Are you a Veteran? Yes No

Are you a Vietnam Era Veteran? Yes No

Are you a Desert Storm / Shield Veteran? Yes No

Are you a Disabled Veteran? Yes No

How did you learn about this position: Personnel Office Newspaper Advertisement
 Posting Electronic / Computer Posting
 Other _____