HURON COUNTY APPLICATION FOR EMPLOYMENT

Huron County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, age, gender, marital status, national origin, disability, veteran status, or any other protected status. An applicant requiring accommodation to the application and/or interview process should notify the Human Resources Department.

The content of this application or a portion thereof may be a public record subject to disclosure upon request.

Position(s) sought:		
Date of application:		
Last	First	M.I.
Former names used:		
Mailing address:		
Home address (if different than	mailing address):	
City, State, Zip		
Home phone:	Other phone:	
Email:		
Best time to contact you at he	ome: a.m./p.m.	
Have you ever submitted an	application to Huron County? Yes	no If yes, when?
Have you ever been employe	ed by Huron County? Yes No	If yes, when?
Are you legally eligible for er	mployment in the United States? Yes	No
(If offered emplo	yment, you will be required to provide docu	nentation to verify eligibility.)
If you are under 18, can you f	furnish a work permit? Yes No	

PERSONAL

Do you hold a current State of Ohio driver's license? Yes	No	If yes, state of issuance & license
number:		

Do you hold a CDL? Yes No

Do you have and maintain the required insurance to drive in the state of Ohio? Yes No	
Are you able to meet all of the attendance requirements of this position? Yes No	
Are you able to work overtime if necessary? Yes No	
Will you travel if the position requires it? Yes No	
Do you have any friends or relatives currently employed by Huron County? Yes No	
If yes, who and with what department are they employed?	
What is your desired salary range or rate of pay? \$ per	
Date of availability to start work:	
Type of employment desired: Full-time Part-time Seasonal	
How did you hear about this position? — Huron County Website — Ohio Means Jobs — Norwalk Reflector (Print or Online) — Sandusky Register (Print or Online) — Huron County Bulletin Board — other, please specify	

EMPLOYMENT HISTORY

List all employment history and other work experience within the past ten years, beginning with your current employer. Include military experience. Use additional paper if necessary. Failure to include all employment history may be grounds for disqualification. Please explain any gaps in employment on the back side of this page.

Have you ever been fired or asked to resign from any previous employment? Yes No If yes, please explain:

Current Employer Name & Address	Position title/duties, skills:		Start Date	End Date
	-		Reason for lea	ving:
	-			
Pay: \$	1			
Per:	Supervisor:	Phone:		
Employer Name & Address	Position title/duties, skills:		Start Date	End Date
			Reason for lea	ving:
	-			
Pay: \$	Supervisor:	Phone:		
Per:				
Employer Name & Address	Position title/duties, skills:		Start Date	End Date
			Reason for lea	ving:
Pay: \$				
Per	Supervisor:	Phone:		
Employer Name & Address	Position title/duties, skills:		Start Date	End Date
			Reason for lea	ving:
	1			
Pay: \$ Per	Supervisor:	Phone:		
Employer Name & Address	Position title/duties, skills:		Start Date	End Date
	-		Reason for lea	ving:
Pay: \$		51		
Per	Supervisor:	Phone:		

May we contact your current employer? Yes No

MILITARY

 Are you a veteran? Yes
 No
 Date of discharge _____

 Duty/specialized training:

EDUCATION AND TRAINING

	Name of School – City located	Yrs. Completed	Field of Study	Diploma/Degree
High School:				
College/University:				
Business/Technical:				
Additional Training:				

SKILLS AND QUALIFICATIONS

List special skills, abilities, or honors that should be considered:

List equipment, hardware, software, etc. that you are qualified to operate or repair:

List professional licenses, certifications, or registrations you hold: _____

Are you willing to attain any licenses that may be required? Yes No

List additional skills, including supervision, other languages, or information concerning your qualification:

ADDITIONAL INFORMATION

Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, reserve National Guard or any other similarly protected status.

REFERENCES

Professional	Personal
Name:	Name:
Address:	Address:
Phone:	Phone:
Name:	Name:
Address:	Address:
Phone:	Phone:
Name:	Name:
Address:	Address:
Phone:	Phone:

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, and I authorize Huron County to verify their accuracy and to obtain reference information on my work performance. I hereby release Huron County from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that any offer of employment may be contingent on my passing a medical and/or psychological examination and drug and alcohol testing. I understand that, if employed in a safety-sensitive position, I may be required also to submit to random, post-accident, and reasonable-suspicion drug and alcohol testing.

I understand that, given the services provided by Huron County and the responsibilities undertaken on behalf of its citizens, I may be required to work weekends, evening hours, or at other times determined necessary by my Appointing Authority, including mandatory overtime hours. I may also be required to be on-call. I understand that overtime and on-call hours will be compensated in accordance with state and federal laws, Huron County policies and procedures, and applicable collective bargaining agreements.

I understand that if an offer of employment is extended to me and accepted by me, I will fully adhere to the policies, rules, and regulations set forth by Huron County and/or my Appointing Authority. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an employment contract, implied or otherwise. I understand that, if employed in an unclassified position, my employment is at will and may be terminated by me or my employer with or without cause.

I further understand that Huron County jobs may require post-offer applicants to undergo a criminal background check as a contingent of employment. I release Huron County from all liability and claim of damages, along with any agency, firm, organization, or individual providing requested information to the County. It is understood that all personal information compiled as a result of this release will be used for the exclusive purpose of evaluating my candidacy for employment with Huron County.

I solemnly swear that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an offer of employment or termination following employment. I recognize that my future employment with Huron County will be jeopardized if I engage in substance abuse, including drugs and alcohol, or am convicted of a felony.

I understand and agree to all of the information presented in this Applicant's Agreement and Certification.

DO NOT SIGN UNTIL YOU HAVE READ THE STATEMENT ABOVE

Applicant's Signature

Date

APPLICANT BACKGROUND INVESTIGATION

I understand that certain positions within Huron County require that an individual's past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions individuals selected for hire will undergo a background check with possibly local, state and federal law enforcement agencies. I also understand that I may be requested to submit to fingerprinting as part of the background investigation.

I authorize release of any police record information in my name, to Huron County and/or an appropriate Huron County Appointing Authority.

Name (printed):

Last	Middle	First
	used during the previous five (5)	•
		ked during the previous five (5) years (printed):
Social Security Number:		
Signature:		
	<u>REPORT</u>	

Official: _____ Date: _____

REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

REQUESTED BY: Huron County Human Resources

To Whom It May Concern:

The following person has made an application with Huron County. In accordance with Section 391.23 of the Federal Department of Transportation Regulations, please furnish the above with the applicant's driving record for the last three (3) years.

Name of Applicant:	
Address:	
City/State/Zip:	
Social Security Number:	
Driver's license number:	
State of issuance:	
Signature of Applicant:	

I GRANT PERMISSION TO HURON COUNTY TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.