



APPLICATION FOR EMPLOYMENT WITH SENECA COUNTY

For official use only

FIRST NAME: _____ LAST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

(PRINT LEGIBLY)

DATE OF APPLICATION: _____

Position(s) applying for:

What is your minimum salary requirements? _____

What is the earliest date you will be able to accept employment? _____

Do you meet the minimum qualifications, and can you perform the job duties related to the specific job for which you are applying? Yes No

Do you have any commitments to anyone, which might affect immediate employment with this organization? Yes No

If yes, explain:

1. Are you under 18 years of age? Yes No
2. Have you ever filed an application for employment with Seneca County? Yes No
3. Have you ever been employed by the State of Ohio or any of its political subdivisions such as Cities, Villages, Townships, Fire Districts, etc.? Yes No
4. Have you ever been employed by this organization? Yes No
5. Do you have a relative who is presently employed by Seneca County? Yes No

If you answered yes to questions 3,4, or 5, please explain?

EDUCATION AND TRAINING

High School Attended: _____

Did you graduate? Yes No High school equivalent? Yes No

College or trade school attended _____

Did you graduate? Yes No Degree: _____

Graduate school attended: _____

Did you graduate? Yes No Degree: _____

Please use the following space to provide any further information on trainings, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience that may be helpful in the evaluation of your application.

EMPLOYMENT HISTORY

Please describe your employment history (including military service). Begin with your most current or present employer.

Present or most recent job:

1. Employer's Name: _____ **Address:** _____

City/State/Zip: _____ **Phone:** _____

Supervisor's Name: _____

Dates Employed: Start: _____ **End:** _____ **Salary/Rate of Pay:** _____

Job Title or Position: _____

Describe your duties and responsibilities and equipment used: _____

Describe your reason for leaving: _____

2. Employer's Name: _____ **Address:** _____

City/State/Zip: _____ **Phone:** _____

Supervisor's Name: _____

Dates Employed: Start: _____ **End:** _____ **Salary/Rate of Pay:** _____

Job Title or Position: _____

Describe your duties and responsibilities and equipment used: _____

Describe your reason for leaving: _____

3. Employer's Name: _____ **Address:** _____

City/State/Zip: _____ **Phone:** _____

Supervisor's Name: _____

Dates Employed: Start: _____ **End:** _____ **Salary/Rate of Pay:** _____

Job Title or Position: _____

Describe your duties and responsibilities and equipment used: _____

Describe your reason for leaving: _____

REFERENCES AND RELEASE OF INFORMATION

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a professional reference.

1. Name _____ Address: _____

City/State _____ Telephone: _____

2. Name _____ Address: _____

City/State _____ Telephone: _____

3. Name _____ Address: _____

City/State _____ Telephone: _____

EMPLOYERS AUTHORIZED TO RELEASE INFORMATION:

I do hereby give permission to the Seneca County Human Resources/Seneca County Appointing Authority to seek information concerning any employment experience. I acknowledge I have been employed by the employers listed on my job application and give permission to release any job-related information to determine whether I am suited for employment.

1. _____

2. _____

3. _____



APPLICANT BACKGROUND INVESTIGATION

Certain positions with Seneca 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 with Seneca County Appointing Authorities, individuals selected for hire will undergo a background check with the local law enforcement agency. Failure to complete this waiver will result in disqualification for employment with Seneca County.

I further understand if applying for a position with Seneca County Job and Family Services, individuals selected for hire will undergo a background check with law-enforcement agencies at federal and/or state level as well as local.

I authorize release of any police record information in my name, to the Seneca County Human Resources Office/Seneca County Appointing Authority.

Name: _____
(Please print) Last Middle First

List any other NAMES you have used during the previous five (5) years:

Please Print

List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:

Please print

Signature: _____

REPORT



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 understand and agree, as a requirement for driving a county-owned vehicle during employment, I will maintain a valid State of Ohio Driver’s License. I also understand that a Motor Vehicle Report will be obtained by the Commissioner’s Office to confirm a valid Ohio Driver’s License. Seneca County may request one of more motor vehicle reports or continuously monitor your driving record for employment purposes.

REQUESTED BY: Seneca County Human Resources

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Driver’s License Number: _____

State License Issued In: _____

AUTHORIZATION

By signing below,

- I authorize Seneca County to obtain motor vehicle reports and/or driving records about me for employment purposes; and
- If I am hired or have already been hired, from time to time while I am employed by Seneca County without further authorization from me, I authorize Seneca County to obtain additional motor vehicle reports, driving records, and/or monitor my driving record for employment purposes; and
- I further authorize Seneca County to share the motor vehicle reports, driving records, and/or information related with any person involved in the employment decision about me.
- I understand that this authorization will only remain valid through my active employment with Seneca County and that the County’s authority to use/rely on this authorization will cease when my employment ends.

Signature of Applicant: _____

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

SENECA COUNTY is an equal opportunity employer and selects the best matched individual for any job bason upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential function of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, school and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

I further understand and agree that if applying for a position with Seneca County Sheriff's Office:

6. I acknowledge having filed an application with the Seneca County Sheriff's Office I am fully recognizing the responsibility to the public and the Seneca County Sheriff's Office that only those of high character and ability are employed as members of the Seneca County Sheriff's Office. I hereby authorize and request any law enforcement official, credit bureau official and every other person, firm, officer, corporation, association, organization, or institution getting control of any documents, records or

other information pertaining to me in relation to my fitness to perform the duties and responsibilities of a Deputy Sheriff with the Seneca County Sheriff's Office, to furnish the originals or copies of any documents, records, and other information to the Seneca County Sheriff's Office or any of its representatives, to inspect and make copies of any such documents, records or other information.

Furthermore, I understand that if I am a chosen candidate, I may be required to undergo a psychological test and/or a polygraph test conducted by license professionals.

I understand that under the privacy acts of the United States in the State of Ohio, certain restrictions exist relative to deputy sheriff's, school officials, credit bureau officials, and every other person from disclosing records and/or information concerning individuals without a written request by, or without the prior written consent of an individual to whom the records pertain.

Knowing and understanding the above referenced two protections, I hereby voluntarily grant my consent for the release of such official records or information that pertains to me concerning any information pertinent to my criminal, school credit, business, or personal backgrounds of the following government, civilian, public, or private institutions, organizations, or person with may possess such information.

I further understand that the information requested and gathered by the Seneca County Sheriff's Office will be used solely for official evaluation of my application to become a deputy sheriff, and that the information will be confidential to the extent permitted by law and would not otherwise be release without my express consent.

I further hold that this consent will be valid for the period of one year from the date signed beyond that date; this consent is no longer valid.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLOMPLY 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 EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SENECA COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OT THE CLAIM OR LAWSUIT. I WAIVE ANY STATUE OF LIMITATIONS TO THE CONTRARY.

Applicants Signature

Date