

**APPLICATION FOR EMPLOYMENT  
HARDIN COUNTY ENGINEER**

The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination based on mental and/or physical disability. Various state laws prohibit some or all of the above, as well as other types of discrimination. As an Equal Opportunity Employer, the Hardin County Engineer's Department intends to comply fully with all applicable employment laws.

**APPLICATION**

TO THE APPLICANT: Your interest in our Department is appreciated. The information requested in this application will help the Department assess your qualifications and work history. In signing this application for employment, you are indicating that you understand that the misrepresentation or omission of facts is cause for termination of this application and/or separation from employment. The Hardin County Engineer's Department shall not be liable in any respect if your employment is terminated for such cause.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GENERAL INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
                    Last                      First                      Middle                      (Optional)

Present Address: \_\_\_\_\_  
                                    No.                      Street                      City                      State                      Zip

How long have you lived at your current address? \_\_\_\_\_

Name, Relationship, and Address of person to be notified in case of emergency:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    No.                      Street                      City                      State                      Zip

If you are under 18 years of age, enter your birth date: \_\_\_\_\_

If you were referred to the Department, enter the referring source below:  
\_\_\_\_\_

Enter the amount of earnings you would expect per hour: \$ \_\_\_\_\_

If you are applying for a particular position, enter that position below:  
\_\_\_\_\_

Are you presently employed? Yes  No  Home Phone No.: \_\_\_\_\_

If you were previously employed by the Department, enter the date(s) of such employment: \_\_\_\_\_

If you were ever employed by any agency, department, or branch of Hardin County, enter the date(s) of such employment: \_\_\_\_\_

Which kind of employment are you applying for? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Intermittent \_\_\_\_\_ No Preference \_\_\_\_\_

If you are applying for FULL-TIME employment, enter the earliest date on which you would be available to begin work: \_\_\_\_\_

If you are applying for employment other than FULL-TIME, please indicate below the date(s), time(s), or day(s) when you would be available: \_\_\_\_\_

List any activities or commitments that might conflict with, interfere with, or adversely affect your employment with the Department (in your response, DO NOT LIST ANY ACTIVITIES OR COMMITMENTS THAT MIGHT INDICATE YOUR RACE, AGE, COLOR, RELIGION/CREED, BIRTHPLACE, NATIONAL ORIGIN, OR DISABILITY/HANDICAP):

Activity/Commitment: \_\_\_\_\_

Scheduled day(s)/time(s): \_\_\_\_\_

Activity/Commitment: \_\_\_\_\_

Scheduled day(s)/time(s): \_\_\_\_\_

Activity/Commitment: \_\_\_\_\_

Scheduled day(s)/time(s): \_\_\_\_\_

Activity/Commitment: \_\_\_\_\_

Scheduled day(s)/time(s): \_\_\_\_\_

Do you have a current, valid State of Ohio Driver's License? Yes  No

List your current State of Ohio Driver's License Number: \_\_\_\_\_

Do you have a current, valid State of Ohio Commercial Driver's License? Yes  No

List your current State of Ohio Commercial Driver's License Number: \_\_\_\_\_

Have you ever had your license to operate any kind of automobile or truck suspended or revoked? Yes  No  If YES, list details of the suspension/revocation: \_\_\_\_\_

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

Have you ever been convicted of a felony offense involving the use or operation of a motor vehicle of any kind? Yes  No  If YES, list details of the conviction: \_\_\_\_\_

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

Do you have any physical or mental disability or handicap that would preclude you from substantially performing (without significant hazard) either the essential functions of the specific job that you are applying for or certain kinds of work? Yes  No  If YES, describe those defects and the specific work limitations that result from such defects: \_\_\_\_\_

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

Do you have any "secondary" or "side line" business or occupation that you would want to continue if hired by the Department? Yes  No  If YES, list the nature of your secondary work or occupation: \_\_\_\_\_

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

To the best of your knowledge, are you legally eligible for employment in the U.S.A.? Yes  No  (If YES, VERIFICATION WILL BE REQUIRED UNDER THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, AS AMENDED.)

Are you a United States Citizen? Yes  No  If not, do you intend to become a United States Citizen? Yes  No

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

EMPLOYMENT HISTORY

(Present or most recent employer)

_____ Name of Company	_____ Type of Business	_____ Phone Number
_____ Street Address	_____ City	_____ State
_____ Supervisor's Name	_____ Title	_____ Phone Number

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Your Title: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a job reference? Yes  No   
Reason for leaving: \_\_\_\_\_

Starting Hourly Rate: \_\_\_\_\_/Hr. Final Hourly Rate: \_\_\_\_\_/Hr.

\_\_\_\_\_  
\_\_\_\_\_  
(Next most recent employer)

Name of Company	Type of Business	Phone Number
Street Address	City	State Zip
Supervisor's Name	Title	( ) Phone Number

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Your Title: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a job reference? Yes  No   
Reason for leaving: \_\_\_\_\_

Starting Hourly Rate: \_\_\_\_\_/Hr. Final Hourly Rate: \_\_\_\_\_/Hr.

\_\_\_\_\_  
\_\_\_\_\_  
(Other Employers)

Name of Company	Dates Employed
_____	_____
_____	_____
_____	_____

### EDUCATION

(Circle the last year of formal education completed)

0 1 2 3 4 5 6 7 8 9 10 11 12      1 2 3 4 5 6 7 8      1 2 3 4  
Primary Education      College      Trade School

High School Attended: \_\_\_\_\_

College Attended: \_\_\_\_\_

Trade School Attended: \_\_\_\_\_

Other: \_\_\_\_\_

Diplomas, degrees, certificates achieved: \_\_\_\_\_

Describe the courses you took or technical training received which you feel will help you perform the job for which you are applying: \_\_\_\_\_

Are you currently in school, or planning to go back?      Yes       No

Please list any job skills, abilities, interests, hobbies, training, etc., which you feel may assist you in performing the job for which you are applying: \_\_\_\_\_

List all equipment that you are qualified to operate: \_\_\_\_\_

List any special certifications or awards which help demonstrate your capability to perform the job for which you are applying: \_\_\_\_\_

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 includes drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

I hereby authorize the employers, schools, 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 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 EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

---

Applicant's Signature

---

Date