

**RICHLAND COUNTY**  
**DEPARTMENT OF HUMAN RESOURCES**  
Return Applications to:  
**50 PARK AVENUE EAST, MANSFIELD OH 44902**  
**PHONE: 419-774-5492 FAX: 419-774-5862**

**APPLICATION FOR EMPLOYMENT**

Print Clearly and Answer all Questions.

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

If hired, when would you be able to start? \_\_\_\_\_

Have you filed an application with Richland County before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

In which department: \_\_\_\_\_

Do you have any relatives currently employed by Richland County? \_\_\_\_\_

If yes, in which department? \_\_\_\_\_

Are you 18 or over? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the legal right to live and work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you meet the minimum qualifications for the classification for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the license number? \_\_\_\_\_ Issued in what state? \_\_\_\_\_

**MILITARY SERVICE INFORMATION**

Branch of Service: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Total Length of Service Time: \_\_\_\_\_

Reserve or National Guard Status: \_\_\_\_\_

**EDUCATION**

<b>Education</b>	<b>High School</b>	<b>College</b>	<b>Graduate/Professional</b>
School Name			
School Address			
Diploma/Degree			
Describe Course of Study			
Grade Point Average			
Specialized Training			

**EMPLOYMENT HISTORY**

Account for ALL time in the past TEN years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with PRESENT position or occupation. In addition, list any other qualifying experience in the last ten years. If you need more room, use a separate piece of paper. A resume is welcome in addition to the application; however, it may not be substituted for any part of this application. Incomplete information, including phone numbers, fax numbers and addresses may prevent application from being processed.

Company Name/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  

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Company Name/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  

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Company Name/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  

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**SKILLS**

Typing: \_\_\_\_\_ WPM: \_\_\_\_\_ Shorthand: \_\_\_\_\_ WPM: \_\_\_\_\_

Computers: \_\_\_\_\_

Software/Programs: \_\_\_\_\_

**CURRENT SPECIAL LICENSES:**

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

List any other special equipment or machinery operated in previous jobs: \_\_\_\_\_

\_\_\_\_\_

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**RELEASE AND AUTHORIZATION**

**\*\*PLEASE READ CAREFULLY\*\***

I certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from Richland County.

By signing this waiver, I expressly authorize Richland County, Ohio to make a thorough investigation of my past employment and activities which may include, but not be limited to, a motor vehicle record check, police record check, etc. I also authorize Richland County to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employers to furnish Richland County, Ohio with this information upon their request. I recognize the right of Richland County, Ohio to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Incomplete or missing information may prevent this application from being processed\*\***

**APPLICANT SCHEDULE C**

Department: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Ohio Driver License #: \_\_\_\_\_

(The above information is required by the State of Ohio to run a Motor Vehicle Registration Report)

I understand that, as a condition of driving a county-owned/leased vehicle or my personal vehicle on county business, I must have a current and valid Ohio Driver License and an acceptable driving record, which meets the standards of the county’s auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all state in which I have resided during the last three (3) – year period.

QUESTIONNAIRE:

During the previous thirty-six month (3-year) period, have you been involved in any of the following:

- 1. Had automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

\_\_\_\_\_

- 2. Been involved in any accidents, either at-fault or not-at-fault?

\_\_\_\_\_

- 3. Been cited for any traffic-related incidents?

\_\_\_\_\_

- 4. Had any traffic violations other than overtime parking?

\_\_\_\_\_

Please provide all details including date and location for any question answered ‘yes.’

I understand that, by giving incorrect information or by omitting information, I am falsifying my application; and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellations of my personal insurance within twenty-four (24) hours or the next working day after they occur and prior to driving any vehicle on behalf of the county.

Prior to driving on behalf of the county, I acknowledge that I am familiar with the county resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all the requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date