

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 No.: _____ Social Security No. _____

If hired, when would you be able to start? _____

Have you filed an application with Richland County before? _____ Date: _____

Have you worked for Richland County before? _____ If yes, when: _____

In which department? _____

Do you have any relatives currently employed by Richland County? _____

If yes, in what 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:

EDUCATION:	High School	College	Graduate / Professional
School Name			
School Address			
Diploma/Degree			
Describe Course of Study			
Grade Point			
Specialized Training:			

EMPLOYMENT HISTORY:

Account for ALL times 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 this 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:** _____

Your Title: _____ **Dates worked: From:** _____ **to** _____

Your Duties: _____

Reason for Leaving: _____

Company Name / Address: _____

Phone #: _____ **Fax #:** _____ **Ending Salary:** _____

Your Title: _____ **Dates worked: From:** _____ **to** _____

Your Duties: _____

Reason for Leaving: _____

Company Name / Address: _____

Phone #: _____ **Fax #:** _____ **Ending Salary:** _____

Your Title: _____ **Dates worked: From:** _____ **to** _____

Your Duties: _____

Reason for Leaving: _____

Company Name / Address: _____

Phone #: _____ **Fax #:** _____ **Ending Salary:** _____

Your Title: _____ **Dates worked: From:** _____ **to** _____

Your Duties: _____

Reason for Leaving: _____

SKILLS:

Typing: _____ **WPM:** _____ **Shorthand:** _____ **WPM:** _____

Computers: _____

CURRENT SPECIAL LICENSES:

Type: _____ **State:** _____ **Number:** _____

Type: _____ **State:** _____ **Number:** _____

List other special equipment or machinery operated in previous jobs: _____

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 employer 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 Number: _____

(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 states 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 cancellation of 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 requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

(Signature)

(date)