

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Mad River and Green Township Joint Husted Area Service Board This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, military status, genetic information, or any other legally protected status.

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM.

POSITION SOUGHT _____ DATE _____

LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE (Optional) _____

ARE YOU 18 YEARS OR OLDER? ___ YES ___ NO MAIDEN NAME (If applicable) _____

EVER EMPLOYED BY THIS FACILITY BEFORE? ___ YES ___ NO WHEN/DEPARTMENT _____

IN CASE OF AN EMERGENCY CONTACT _____

PHONE NUMBER _____ RELATIONSHIP _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER _____
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? ___ Yes ___ NO

ADDRESS _____

PHONE NUMBER _____ DATES EMPLOYED _____ TO _____

JOB TITLE _____ SUPERVISOR'S NAME _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC _____

DO YOU PLAN TO LEAVE? _____

PREVIOUS EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ DATES EMPLOYED _____ TO _____

JOB TITLE _____ SUPERVISOR'S NAME _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ DATES EMPLOYED _____ TO _____

JOB TITLE _____ SUPERVISOR'S NAME _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC _____

WHY DID YOU LEAVE? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED _____

ADDRESS _____

DID YOU GRADUATE? YES NO HIGH SCHOOL EQUIVALENT? YES NO

ACTIVITIES, AWARDS, SPORTS, ETC. _____

COLLEGE OR TRADE SCHOOL ATTENDED _____

ADDRESS _____

DID YOU GRADUATE? YES NO DEGREE _____

COURSES PERTAINING TO JOB APPLIED FOR _____

ACTIVITIES, AWARDS, SPORTS, ETC. _____

GRADUATE SCHOOL(S) ATTENDED _____

ADDRESS _____

DID YOU GRADUATE? YES NO DEGREE _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (i.e. – SECOND JOB, SCHOOL, ETC) WHICH MIGHT INTERFERE WITH OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES NO

If yes, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

If yes, please explain: _____

(The Employer will only consider specific crimes related to qualifications for positions applied for.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES NO
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

ARE YOU A RESIDENT OF OHIO? YES NO HOW LONG? _____ YEARS _____ MONTHS

IF NO, WHAT STATE ARE YOU A RESIDENT OF? _____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME _____ PHONE NUMBER _____

ADDRESS _____

NAME _____ PHONE NUMBER _____

ADDRESS _____

NAME _____ PHONE NUMBER _____

ADDRESS _____

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. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

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

INITIALS _____

2. I was given the opportunity to review the position description for any position for which I am making application. After reviewing the essential functions, I am able to physically perform the essential functions of the position, with reasonable accommodation when necessary.

INITIALS _____

3. 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. **Based on the position applied for, I understand that I may be required to work up to sixteen (16) consecutive hours within a 24 hour period..**

INITIALS _____

4. 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 _____

5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

INITIALS _____

6. 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 _____

7. 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 _____

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

I AFFIRM 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.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH MAD RIVER AND GREEN TOWNSHIP JOINT HUSTEAD AREAS SERVICE BOARD MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

Remarks _____

Hired YES NO Position _____ Department _____

Salary/Wage _____ Full-time / Part-time – hours scheduled to work _____

Date to report to work _____ Shift _____ Seasonal Employee YES NO
