

RICHLAND COUNTY VETERANS SERVICE COMMISSION

597 Park Avenue East, Mansfield, OH 44905

Phone: 419-774-5822 Fax: 419-774-5831

EMPLOYMENT APPLICATION
Print Clearly and Answer All Questions

Date of application _____ Position applied for: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone #: _____ Social Security #: _____

When are you available for work? _____

Are you or a member of your family an Honorably Discharged veteran? _____

What is your minimum weekly salary requirement? _____

Do you have commitments to another employer that might affect your employment with this office? Yes___ No___ Explain _____

Have you worked for or applied to a public agency before? _____

Which one? _____

Do you have any relatives working for Richland County? _____

Which Department? _____

MILITARY SERVICE INFORMATION: Certified DD 214 MUST accompany application

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/Date			
Describe Course of Study			
Specialized Training:			

SKILLS:

Typing: _____ WPM _____ Shorthand: _____ WPM _____

Computers: _____

MS Word _____ Excel _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Do you have a valid Driver's License? Yes _____ No _____

If yes, license # and state issued: _____

PERSONAL REFERENCES (not family members):

NAME	PHONE NUMBER	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. A resume is welcome in addition to this application, however, it may not be substituted for any part of this application.

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: _____

** Place a check next to any employer whom you do not wish to be contacted.**

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 the Richland County Veterans Service Commission.

By signing this waiver, I expressly authorize the Richland County Veterans Service Commission 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 the Richland County Veterans Service Commission to make an inquiry of my former employers concerning my work record, job qualifications, and performance. I authorize my former employer to furnish the Richland County Veterans Service Commission with this information upon their request. I recognize the right of the Richland County Veterans Service Commission 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.

Applicant signature: _____

Date: _____

****This application will not be processed without a certified DD214 accompanying this application.****

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

APPLICANT SCHEDULE C

Department Submitting Schedule C: _____

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 arrested 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)