

KNOX COUNTY
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form. Use additional paper for any section if necessary. Please note that this completed application for employment form will become a public record upon submission to Knox County and will be subject to appropriate records request. Applicants may attach a resume to this document, but must complete this application for employment to be considered.

Date of Application: _____ E-mail: _____

Name: _____ Phone Number: _____

Current Address: _____

For What Position(s) are you applying? _____

Are you prevented from becoming lawfully employed in this Country because of VISA or Immigration Status?
Yes _____ No _____ (Proof of citizenship or immigration status is required by federal law upon employment)

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

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

If no, can you obtain an appropriate valid license prior to employment? Yes _____ No _____

If the position you are applying for requires travel, can you supply your own transportation? Yes _____ No _____

Have you ever been issued any other license, registration and/or certificate relating to the job(s) for which you are applying? Yes _____ No _____

If so, indicate the field or area of specialization, the license/certification number and when it expires.

Are you a veteran of the U.S. Military Service? Yes _____ No _____

Date you can start working _____ Salary desired _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Failure to include all employment may be grounds for disqualification. Use additional paper if necessary.

<u>Date: Month & Year</u>	<u>Name & Address of Employer</u>	<u>Position</u>	<u>Reason for Leaving</u>
From _____	_____	_____	_____
To _____	_____	_____	_____
Salary _____	_____	_____	_____
<hr/>			
From _____	_____	_____	_____
To _____	_____	_____	_____
Salary _____	_____	_____	_____
<hr/>			
From _____	_____	_____	_____
To _____	_____	_____	_____
Salary _____	_____	_____	_____

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. Use additional paper if necessary.

<u>School</u>	<u>Name & Location</u>	<u>Did you Graduate?</u>	<u>Subjects Studied</u>
High School:	_____	Yes ___ No ___	_____
	_____		_____
Trade, Business, or Tech School:	_____	Yes ___ No ___	_____
	_____		_____
College:	_____	Yes ___ No ___	_____
	_____		_____
Other Special Study/ Research Work:	_____	Yes ___ No ___	_____
	_____		_____

REFERENCES

Please list the names of three persons not related to you whom you have known at least one year.

<u>Name</u>	<u>Address & Phone Number</u>	<u>Relationship & Years Acquainted</u>
1. _____	_____	_____
	_____	_____
2. _____	_____	_____
	_____	_____
3. _____	_____	_____
	_____	_____

Please use the following space to provide any further information on training, education, certifications, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. Include special equipment and machines you can operate, name of computer software in which you have skill, and/or other relevant skills and abilities.

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 any questions regarding these paragraphs, contact the employer before initialing the paragraph.

APPLICANT'S CERTIFICATION AND AGREEMENT
Please Read This Statement Carefully

1. I understand and accept that, depending upon the position for which I am applying, if I am employee by Knox County, my employment may be for no definite period of time and I may be terminated, with or without cause or notice at any time, at the opinion of either Knox County, or myself. I understand that no representative of Knox County, other than an Appointing Authority, has any authority to enter into any agreement or to make any agreement with me contrary to the foregoing, except that an Appointing Authority of Knox County may do so in writing under specific limited circumstances. Initials: _____

2. I understand and accept that, if I am selected for employment, my initial and continued employment may 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: _____

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 or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the Knox County Appointing Authority. 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 a Knox County Appointing Authority, 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. I understand that the employer may use screening procedures to evaluate my qualifications and suitability for employment, including but not limited to interviews, criminal record checks, driving record checks, polygraph examination, written testing, reference checks, background investigations, psychological evaluations, and drug testing. I also acknowledge that I may be subject to other screening procedures not specifically listed above, and are a prerequisite to my appointment. 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 personal, academic, and other records to the employer. Initials: _____

I solemnly swear that all the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements 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 abuse, or alcohol abuse.

Any background check conducted as part of the hiring process shall be in compliance with State and Federal law, including the Fair Credit Reporting Act and EEOC Enforcement guidelines and Knox County policies. Applicants are hereby advised that State and Federal law may disqualify an individual with a particular criminal history from employment in certain positions.

**Click the following link to view a summary of your rights under the Fair Credit Reporting Act.
<https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>**

Therefore, in consideration of my employment application being reviewed and considered by a Knox County, Ohio Appointing Authority I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and hold harmless Knox County, Ohio and any of its agents, employees, Appointing Authorities, related officials from any and all liability, whatever type and nature, resulting from the administration of any such screening procedures and/or release of the results there from.

Applicant's Signature _____ Date _____