



**KNOX COUNTY ENGINEER &  
KNOX COUNTY HIGHWAY GARAGE  
APPLICATION FOR EMPLOYMENT**  
Equal Opportunity Employer

**This application must be complete and accurate to be considered for employment. In addition, please attach a resume and/or certificates of specialized training. Use additional paper for any section if necessary. Please note, upon submitting this document to Knox County, it will become a public record and is subject to appropriate records request.**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_

Date Available to start work: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Have you ever worked for Knox County? YES ☐ NO ☐ If yes, dates & position: \_\_\_\_\_

Do you have any commitments (i.e., second job, school, etc.) which might interfere with your employment should you be selected? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## Previous Employment

List your employment history beginning with your current (or most recent) employer. Failure to accurately account for past employers may be grounds for disqualification. Use additional paper if necessary.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? ☐ YES ☐ NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? ☐ YES ☐ NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? ☐ YES ☐ NO

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## References

*Please list three professional references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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## Driving Licensures & Certifications

Do you possess a valid Driver's License?      YES      NO      If yes, issuing State: \_\_\_\_\_  
☐      ☐

Do you possess a valid Commercial Driver's License (CDL)? ☐ YES ☐ NO If yes, list Class: \_\_\_\_\_

Do you possess any endorsements with your CDL?

|                                        |                                                 |
|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Hazmat        | <input type="checkbox"/> Double/Triple Trailers |
| <input type="checkbox"/> Tanker*       | <input type="checkbox"/> Passenger              |
| <input type="checkbox"/> Tanker/Hazmat | <input type="checkbox"/> School Bus             |

\**Tanker* is a required endorsement for CDL positions, however you may obtain this endorsement within a reasonable amount of time if selected to fill one of the applicable employment positions.

## Military Service

|                                                 | YES                      | NO                       |
|-------------------------------------------------|--------------------------|--------------------------|
| Are you a veteran of the U.S. Military Service? | <input type="checkbox"/> | <input type="checkbox"/> |

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

### Additional Information

Please use the space below to provide any further information on training, education, certifications, skills, abilities, hobbies, volunteer work, etc., that you may have. Include special equipment and machines you can operate, name of computer software in which you have experience and/or other relevant skills and abilities. Feel free to use this space to share any information that will be helpful in the evaluation of your employment application. Copies of education/degrees/certificates can be attached.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## **Applicant's Certification and Agreement**

**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.**

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### **PLEASE READ EACH STATEMENT CAREFULLY**

1. I understand and accept that, depending upon the position for which I am applying, if I am employed 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 will 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 will use screening procedures to evaluate my qualifications and suitability for employment, including but not limited to interviews, criminal record checks, driving record checks, 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 that may be 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 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 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.**

**Reference the following link to view a summary of your rights under the Fair Credit Reporting Act:**

<https://www.consumer.ftc.gov/sites/default/files/articles/pdf/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** \_\_\_\_\_



Knox County, Ohio Employment Opportunities