



APPLICATION FOR EMPLOYMENT WAYNE COUNTY, OHIO



An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form.

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

STATUS OF POSITION APPLIED FOR: _____ **FULL-TIME** _____ **PART-TIME** _____ **OTHER**

REFERRAL SOURCE: _____ **RELATIVE** _____ **EMPLOYMENT AGENCY**

_____ **FRIEND** _____ **OTHER**

_____ **ADVERTISEMENT** (If so, please list newspaper/web site below)

LAST NAME: _____ **FIRST NAME:** _____ **M.I.** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO?

YES: _____ **NO:** _____

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

YES: _____ **NO:** _____

HAVE YOU FILED AN APPLICATION WITH WAYNE COUNTY BEFORE?

YES: _____ **NO:** _____ **DATES:** _____

HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE?

YES: _____ **NO:** _____ **DATES:** _____

ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL?

YES: _____ **NO:** _____

DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY?

YES: _____ **NO:** _____

If yes, list name(s): _____

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: _____

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. 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: _____

BEGINNING SALARY: _____ **PER** _____ **ENDING SALARY:** _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ **TO** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER** _____ **ENDING SALARY:** _____ **PER** _____

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: _____

BEGINNING SALARY: _____ **PER** _____ **ENDING SALARY:** _____ **PER** _____

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: _____

BEGINNING SALARY: _____ **PER** _____ **ENDING SALARY:** _____ **PER** _____

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: _____ **HIGH SCHOOL EQUIVALENT?** _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:

COLLEGE OR TRADE SCHOOL ATTENDED:

ADDRESS: _____

DATES OF ATTENDANCE: _____ **TO** _____

DID YOU GRADUATE? _____ **DEGREE:** _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:

GRADUATE SCHOOL(S) ATTENDED:

ADDRESS: _____

DATES OF ATTENDANCE: _____ **TO** _____

DID YOU GRADUATE? _____ **DEGREE:** _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:

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.

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

NAME: _____

PHONE: _____ **ADDRESS:** _____

NAME: _____

PHONE: _____ **ADDRESS:** _____

NAME: _____

PHONE: _____ **ADDRESS:** _____

Please answer the following questions if they are applicable to the position(s) for which you are applying.

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE THAT IS NOT CURRENTLY SUSPENDED?

YES: _____ **NO:** _____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?

YES: _____ **NO:** _____

DO YOU POSSESS A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE, IF APPLICABLE TO THE POSITION APPLIED FOR?

YES: _____ **NO:** _____

IF YES, WHAT CLASS OF LICENSE? _____

WHAT CDL ENDORSEMENTS? _____

IF NO, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE AND ENDORSEMENTS, FOR THE POSITION YOU ARE APPLYING FOR, PRIOR TO EMPLOYMENT?

YES: _____ **NO:** _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

- 1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can 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 understand that the County may need to run a background check before an offer of employment can be made. I hereby authorize Wayne County to perform whatever background checks are required. I also agree to provide whatever information is needed to perform the background checks.**

Initials: _____

- 3. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.**

Initials: _____

- 4. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and personal references.**

Initials: _____

- 5. 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: _____

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 RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS.

Applicants Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ **Yes** _____ **No** _____

Remarks _____

Interviewer _____ **Date** _____

Employed _____ **Yes** _____ **No** _____ **Date of Employment** _____

Job Title _____ **Hourly Rate/Salary** _____

Department _____

By: _____ **Name/Title** _____ **Date** _____



WAYNE COUNTY, OHIO PRE-EMPLOYMENT INFORMATION FORM



Applicants are requested to complete this form which will be used for statistical purposes only. A decision to not provide the requested information will have no affect on an applicant's chances for employment with Wayne County. This information will be maintained separate from the application for employment. Please type or print your responses. This information is not used or considered in any hiring decisions. Wayne County is an Equal Opportunity Employer.

DATE: _____

NAME: _____
Last
First
Middle

POSITION(S) APPLIED FOR: _____

SEX: FEMALE _____ MALE _____

ETHNIC CATEGORY (CHECK ONE):

- WHITE (NOT OF HISPANIC ORIGIN) _____
- BLACK (NOT OF HISPANIC ORIGIN) _____
- HISPANIC _____
- ASIAN OR PACIFIC ISLANDER _____
- AMERICAN INDIAN OR ALASKAN NATIVE _____

ARE YOU A VIETNAM ERA VETERAN? YES _____ NO _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize the WAYNE COUNTY CARE CENTER to receive information regarding my previous/current employment. I will not hold any previous or current employer liable for information obtained from this request

Applicant Printed Name: _____ Date: _____

Applicant Signature: _____ Last 4 digits of SS#: _____

WAYNE COUNTY CARE CENTER

ACKNOWLEDGE AND CONSENT FORM FOR FINGERPRINTING
(AS REQUIRED BY SENATE BILL 160)

I hereby give the Wayne County Care Center permission to conduct an electronic fingerprint background check as required by Senate Bill 160 for long-term care workers.

I attest that I have not been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with older adults under Senate Bill 160.

I understand that if I am found to have a record of any of those crimes, I may not be hired by the Care Center. If I have already been hired, my employment may be terminated.

Once fingerprinted, if the results are not received by the facility within 30 days, my employment will be terminated.

I further understand that all results will be strictly confidential and only authorized individuals and agencies will have access to the information.

Signature of Applicant

Date