

**PICKAWAY COUNTY APPLICATION FOR EMPLOYMENT**

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

-----  
POSITION SOUGHT: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB OPENING? \_\_\_\_\_

-----  
**\*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.

-----  
CURRENT EMPLOYER: \_\_\_\_\_  
(ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

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

---

---

---

.....

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

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

---

---

---

WHY DID YOU LEAVE? \_\_\_\_\_

.....

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

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

---

---

---

WHY DID YOU LEAVE? \_\_\_\_\_

.....  
PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

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

WHY DID YOU LEAVE? \_\_\_\_\_

.....  
PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

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

WHY DID YOU LEAVE? \_\_\_\_\_  
.....

**\*EDUCATION AND TRAINING\***

THIS SECTION IS INTENDED TO PROVIDE INFORMATION ABOUT THE EDUCATION AND TRAINING THAT YOU HAVE COMPLETED AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES YOU POSSESS TO PERFORM THE JOB DUTIES OF THIS POSITION.

.....  
HIGH SCHOOL ATTENDED: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

**POST SECONDARY EDUCATION**

COLLEGE/UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_

DEGREE: \_\_\_\_\_

.....  
PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC. THAT YOU POSSESS 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 OR PLEAD GUILTY TO A FELONY CHARGE?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR THIS POSITION)

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 PICKAWAY COUNTY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

.....  
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 INTITIALS AT THE END OF  
EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE  
INITIALING THE PARAGRAPH  
.....

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my  
passing a 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: \_\_\_\_\_

If employed, I understand and accept that I may be required to work evenings, nights and/or weekend days.

Initials: \_\_\_\_\_

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 understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

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 ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYEMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date