

**FORM N  
APPLICATION FOR EMPLOYMENT  
JEFFERSON COUNTY**

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

An Equal Opportunity Employer

POSITION SOUGHT: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

FORMER NAMES: \_\_\_\_\_

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

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

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

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO? YES: \_\_\_ NO: \_\_\_

**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 \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT  
(Continued)**

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 DO YOU WANT TO LEAVE? \_\_\_\_\_

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

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

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

APPLICATION FOR EMPLOYMENT  
(Continued)

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 DO YOU WANT TO LEAVE? \_\_\_\_\_

***If you need to list any additional previous employers,  
please use a blank sheet of paper to do so.***

APPLICATION FOR EMPLOYMENT  
(Continued)

**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: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**  
**(Continued)**

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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

APPLICATION FOR EMPLOYMENT  
(Continued)

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

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

*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 for which you are applying.*

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE?

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

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?

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

**APPLICATION FOR EMPLOYMENT  
(Continued)**

DO YOU POSSESS A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE?

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

**APPLICATION FOR EMPLOYMENT  
(Continued)**

***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 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: \_\_\_\_\_

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

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 the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

5. (Applicable To Law Enforcement Agencies Only)  
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 law 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: \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**  
**(Continued)**

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 USE, OR ALCOHOL ABUSE.

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Applicant's Signature

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Date

**FORM O**  
**JEFFERSON COUNTY**  
**EMPLOYMENT ELIGIBILITY VERIFICATION FORM**