



# Application For Employment

## Clinton County, OH

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### PLEASE PRINT

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			
mobile:		other:	
Email:			

Position(s) Applied For: \_\_\_\_\_  
 \_\_\_\_\_

Date of Application: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever been employed with Clinton County?       Yes       No

If Yes, provide date and department.

Date: \_\_\_\_\_ Dept. \_\_\_\_\_

## Education

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	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

## Employment Experience

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor's Name			
Supervisor's Email			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor's Name			
Supervisor's Email			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor's Name			
Supervisor's Email			
Reason for leaving			

## Additional Information

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Please explain any gaps in employment: \_\_\_\_\_

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Have you ever been fired or asked to resign from a job:  Yes  No

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

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Other Qualifications/Licensure/Certification: \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment or other experience. Also indicate any Licensure or certification(s) that you possess that may be applicable to the position for which you are applying.

State any additional information you feel may be helpful to us in considering your application

### REFERENCES:

Name	
Relationship	Phone #
Address	Email Address
Name	
Relationship	Phone #
Address	Email Address
Name	
Relationship	Phone #
Address	Email Address

## **Applicant Statement and Signature**

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I certify that all information I have provided in order to apply for and obtain employment with Clinton County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Clinton County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Clinton County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Clinton County in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, Clinton County, its representatives, members or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Clinton County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me and I hold Clinton County, its agents and representatives harmless.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, driving record check and drug screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. This application does not constitute an agreement or contract for employment for any specified prior or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Clinton County at any time. I understand that no representative of Clinton County is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

### **DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

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Full Name

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Date