



## Employment Application

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**Today's Date:** \_\_\_\_\_

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### Applicant Information

FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ LAST: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

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

ADDRESS 2 (APT/SUTE #): \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

POSITION APPLYING FOR: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

DESIRED HOURLY RATE OF PAY: \$ \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES ☐ NO ☐

*If not, are you authorized to work in the U.S.?* YES ☐ NO ☐

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### Employment History

1. COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CURRENT EMPLOYER: YES ☐ NO ☐

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

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

BRIEF DESCRIPTION OF JOB DUTIES:

*If this is your current employer, would you like to be notified before reference checks are conducted?* YES ☐ NO ☐

2. COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CURRENT EMPLOYER: YES ☐ NO ☐

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

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

BRIEF DESCRIPTION OF JOB DUTIES:

*If this is your current employer, would you like to be notified before reference checks are conducted?* YES ☐ NO ☐

3. COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CURRENT EMPLOYER: YES ☐ NO ☐

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

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

BRIEF DESCRIPTION OF JOB DUTIES:

*If this is your current employer, would you like to be notified before reference checks are conducted?* YES ☐ NO ☐

4. COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CURRENT EMPLOYER: YES ☐ NO ☐

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

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

BRIEF DESCRIPTION OF JOB DUTIES:

*If this is your current employer, would you like to be notified before reference checks are conducted?* YES ☐ NO ☐

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## Education

### *HIGH SCHOOL*

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

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

DO YOU HAVE:      HIGH SCHOOL DIPLOMA ☐ GED ☐

### *COLLEGE/TRADE SCHOOL*

1. SCHOOL ATTENDED: \_\_\_\_\_

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

DID YOU GRADUATE:    YES ☐    NO ☐      FIELD OF STUDY/MAJOR: \_\_\_\_\_

RELEVANT COURSE WORK:

2. SCHOOL ATTENDED: \_\_\_\_\_

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

DID YOU GRADUATE:    YES ☐    NO ☐      FIELD OF STUDY/MAJOR: \_\_\_\_\_

RELEVANT COURSE WORK:

3. SCHOOL ATTENDED: \_\_\_\_\_

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

DID YOU GRADUATE:    YES ☐    NO ☐      FIELD OF STUDY/MAJOR: \_\_\_\_\_

RELEVANT COURSE WORK:

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## Certificates and Licenses

1. CERTIFICATION TYPE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CERTIFICATION/LICENSE ISSUED BY: \_\_\_\_\_

CERTIFICATION/LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_

2. CERTIFICATION TYPE: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
CERTIFICATION/LICENSE ISSUED BY: \_\_\_\_\_  
CERTIFICATION/LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_
3. CERTIFICATION TYPE: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
CERTIFICATION/LICENSE ISSUED BY: \_\_\_\_\_  
CERTIFICATION/LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_
4. CERTIFICATION TYPE: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
CERTIFICATION/LICENSE ISSUED BY: \_\_\_\_\_  
CERTIFICATION/LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_

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## Supplemental Questions

*Please answer "Yes or NO" to all of the questions below and provide explanation if applicable.*

1. Have you ever had any involvement with Hardin County Children Services or any other child welfare system in any capacity?  
YES ☐ NO ☐  
*If "YES" please explain:*
2. Have you ever interviewed for employment or been employed at Hardin County Job and Family Services or Hardin County?  
YES ☐ NO ☐  
*If "YES" please identify the department(s) and job title(s):*

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

3. Are you related to anyone employed by Hardin County Job and Family Services or Hardin County?  
YES ☐ NO ☐  
*If "YES" please identify the individual and relationship:*

4. Are you a University Partnership Program (UPP) graduate or enrolled in a UPP program currently?

YES ☐ NO ☐

If "YES" please identify the school, you attended:

5. Do you have or have you ever been assigned a State of Ohio and/or SACWIS identification number?

YES ☐ NO ☐

If "YES" please identify the number and/or organization who issued the number:

6. Have you ever been convicted with any of the offenses outlined on the attached sheet?

YES ☐ NO ☐

If yes, please explain:

7. Have you ever been terminated or separated involuntarily from employment?

YES ☐ NO ☐

If "YES" please explain:

8. Do you have a valid drivers' license?

YES ☐ NO ☐

If "NO" please explain:

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## Professional References

Please list three (3) references. Personal references are not accepted (family, friends, coworkers, etc.)

1. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

DID/DOES THIS PERSON SERVE IN A ROLE AS YOUR SUPERVISOR? YES ☐ NO ☐

If "NO" describe professional relationship:

2. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

DID/DOES THIS PERSON SERVE IN A ROLE AS YOUR SUPERVISOR? YES ☐ NO ☐

If "NO" describe professional relationship:

3. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

DID/DOES THIS PERSON SERVE IN A ROLE AS YOUR SUPERVISOR? YES ☐ NO ☐

If "NO" describe professional relationship:

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## Military Service

1. BRANCH: \_\_\_\_\_

DATES OF SERVICE: From \_\_\_\_\_ To \_\_\_\_\_

CURRENTLY SERVING: YES ☐ NO ☐

*If "NO", type of discharge:*

2. BRANCH: \_\_\_\_\_

DATES OF SERVICE: From \_\_\_\_\_ To \_\_\_\_\_

CURRENTLY SERVING: YES ☐ NO ☐

*If "NO", type of discharge:*

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## Disclaimer and Signature

By checking the box below, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge.

I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that as a condition of initial or continued employment, I agree to submit to required examinations by law or as required by an Agency including medical or substance abuse and motor vehicle records.

I authorize the County and/or its agents, including consumer reporting bureaus, to verify any of this information by searching for appropriate information and record sources. I authorize all employers (unless restricted in the employment history), people, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I hold harmless the County of Hardin, its agents and any of my employers if said information is instrumental in my not being hired for a position with the County of Hardin.

I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure, and training. I further understand that I may be required to enroll in college courses and/or other training at my expense. I understand also that I am required to abide by all rules and regulations of the employer.

I grant permission to have the application and enclosures duplicated and to be distributed to the County's employees responsible for initial screening, interviewing, recommending applicants for employment, and to employees responsible for personnel records and reports. I understand that this completed application is the property of the County of Hardin and will not be returned.

I agree that if hired, any claim or lawsuit relating to my service with the Hardin County must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that I must notify the HCJFS Human Resources Department of any changes in my name, address, or phone number.

☐ *I acknowledge that I have read and fully understand the employment application disclaimer statements. I hereby affirm that all statements and information provided in my application are true, complete, and correct.*

Signature:

X

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