ADAMS-BROWN COUNTIES
ECONOMIC OPPORTUNITIES INCORPORATED

APPLICATION FOR EMPLOYMENT
PERSONAL

LAST NAME _____FIRST _____MIDDLE _____

PRESENT ADDRESS_____

CITY, STATE, ZIP_____

DATE_____

Have you been a resident in the State of Ohio for the past 5 years? ☐ Yes ☐ No
***Previous addresses if not an Ohio Resident continuously in the last 5 years:**
_____
_____

HOME PHONE ( ) _____
BUSINESS PHONE ( ) _____
E-MAIL ADDRESS _____
IN CASE OF EMERGENCY CONTACT:

NAME_____PHONE_____
ADDRESS_____
RELATIONSHIP_____

Have you ever worked for us? ☐ Yes ☐ No
If yes: Month and Year_____ Location_____

POSITION DESIRED: Head Start HEAP Senior Nutrition Housing Home Care Recycling Transportation OhioMeansJobs Clinic WIC Weatherization

Other_____ Pay Expected_____

EDUCATION

HIGH SCHOOL_____ LOCATION _____

Did you graduate? ☐ Yes ☐ No If "No" years of high school completed. _____
Was GED obtained? ☐ Yes ☐ No

COLLEGE_____ Major_____ Degree_____

TRAININGS, CERTIFICATIONS AND SPECIALIZED SKILLS

TRAININGS_____

CERTIFICATIONS_____

SPECIALIZED SKILLS_____

EMPLOYMENT HISTORY

Company Name: _____
Address: _____
Telephone_____ **Date Employed**_____

State job and describe your work: _____
_____
_____
Weekly Pay_____
Reason for Leaving_____
_____

Company Name: _____
Address: _____
Telephone_____ **Date Employed**_____

State job and describe your work: _____
_____
_____
Weekly Pay_____
Reason for Leaving _____
_____

Company Name: _____
Address: _____
Telephone_____ **Date Employed**_____

State job and describe your work: _____
_____
_____
Weekly Pay_____
Reason for Leaving _____
_____

We may contact the employers listed above unless you indicate those you do not want us to contact.

PERSONAL REFERENCES
(Not Former Employers or Relatives)

NAME AND OCCUPATION_____
ADDRESS_____
PHONE NUMBER_____

NAME AND OCCUPATION_____
ADDRESS_____
PHONE NUMBER_____

NAME AND OCCUPATION_____
ADDRESS_____
PHONE NUMBER_____

I hereby give permission to contact the employers and personal references I have listed concerning my prior job performance, experience and dependability.

SIGNED _____
DATE _____

DID YOU SERVE IN THE U.S. ARMED FORCES? ☐ **Yes** ☐ **No**
ARE YOU A U.S. CITIZEN? ☐ **Yes** ☐ **No**
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? ☐ **Yes** ☐ **No**
ARE YOU OVER THE AGE OF 18? ☐ **Yes** ☐ **No**

If applying for a position working with children or seniors, any information contained in records that have been sealed under section 2953.32 of the Revised Code are reported to our agency under 109.53 2a and will be reviewed.

Have you been convicted of any crimes, which have not been annulled, expunged or sealed by a court?
☐ Yes ☐ No
If "Yes" please explain._____
_____
_____
_____

Have you ever been convicted of a sex crime which includes any sex related or child abuse related offenses? ☐ Yes ☐ No
If "Yes" please explain. _____
_____
_____

State names of relatives and friends working for us. _____
_____
_____

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

SIGNATURE_____ DATE _____

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FOR EMPLOYER'S USE ONLY

EMPLOYMENT VERIFICATION

Name _____Date Verified_____
Comment_____
_____
_____

Name _____Date Verified _____
Comment _____
_____
_____

Name _____Date Verified _____
Comment _____
_____
_____

REFERENCE CHECK

Name _____Date Verified_____
Comment_____
_____
_____

Name _____Date Verified_____
Comment_____
_____
_____

Name _____Date Verified_____
Comment_____
_____
_____

(01-2005)

ABCAP Administrative Offices

Adams **B**rown **C**ounties **E**conomic **O**pportunities, **I**nc.
406 W. Plum St.
Georgetown, OH 45121
(937) 378-6041

Daniel Wickerham
Executive Director
(937) 378-6041, Ext. 222
(937) 378-2502 FAX

Nancy Darby
Deputy Director
(937) 378-6041, Ext. 225
(937) 378-1552 FAX

RE: Bureau of Motor Vehicles and Criminal Records Checks

Due to problems with our auto insurance policy, we find that we must certify the driving record of all potential employees (prior to hire), as well as all current employees (on an annual basis), in order to determine those employees who may or may not drive agency vehicles. Accordingly, please read and sign the following release form.

Also, for those employees who are going into clients' homes for services, or caring for children or the elderly in any way, we require certification of no prior criminal record. Your signature below gives ABCEOI approval to obtain this information from the appropriate local, state, or federal criminal investigation office.

I, _____, give ABCEOI permission to request a copy of my driving record from the Bureau of Motor Vehicles and to obtain criminal records checks from the appropriate sources. I understand that the reason is because of the agency's auto insurance policy and the agency's policies concerning employees who provide program services.

Drivers Lic. No. _____ State _____

_____

Signature

_____

Date

_____

Witness

_____

Date