



# Greene County Engineer Department Application for Employment with Resume

Greene County is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, national origin, disability, religion, age (where protected by law), or color.

**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. Applications are only accepted if an open position is posted.

Position Applying for

### Name and Address

Name (First, MI, Last)

Mailing Address

City, State, and Zip Code

Telephone

Email

### Additional Information

Have you ever been employed by this organization in the past?

Yes

No

If Yes, please explain:

Do you have any relatives employed by Greene County, current or past?

Yes

No

If Yes, please add names and positions:

May we contact your previous employer?

Yes

No

If No, please explain:

Current rate of pay:

Are you 18 years of age or older?

Yes

No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.

Yes

No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?

Yes

No

If Yes, please explain:

Do you have a driver's license?  Yes  No

Driver's license number

Issued in what state?

Have you had any accidents during the past three years?  Yes  No

How many?

Have you had any moving violations during the past three years?  Yes  No

How many?

### Military Experience

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date
Specialty			
Branch		Highest Rank Achieved	
In order to claim U.S. Military Service Credit on an examination score, if applicable, you must submit a copy of your honorable separation or DD214 with this application. Check this box to request military credit. <input type="checkbox"/>			

### Summary of Qualifications

List computer software in which you have skills:

List experience, education, or training that qualify you for the position for which you are applying. Refer to the **Minimum Qualifications** and any **Position-Specific Qualifications** posted for this position.

### Release and Authorization

#### PLEASE READ CAREFULLY

I certify that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed, and I will be automatically disqualified. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she acquired relevant to my employment following disclosure by me of any disabilities which may prevent me from performing the essential functions of the job for which I've applied. I hereby consent that he or she may disclose such knowledge or information to the Office of Personnel in consideration of an offer of employment or during my employment with Greene County. I understand that this application may raise questions regarding my past work and education record, and that the organizations' agents and employees may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed. By signing this waiver, I expressly authorize Greene County, Ohio to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Greene County's designated agent, with this information upon their request.

If your records may be under another name, please include that name. \_\_\_\_\_

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of the County. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon proper notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that a post-employment physical examination is required for certain positions.

By signing this waiver, I expressly authorize Greene County to obtain an abstract of my driver's license or commercial driver's license record, I acknowledge that I willingly submit to drug and alcohol testing, will be subjected to a BCI background check, and my Federal Motor Carrier Safety Administration Drug and Alcohol Clearinghouse record will be checked, so that my qualifications for employment may be reviewed. In the event that I am hired, I also authorize Greene County to continue to obtain this information during my employment with the County.

Signature	Date
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# Greene County Engineer- Highway Department Application for Employment

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## COMPLETION OF THIS FORM IS COMPLETELY VOLUNTARY

ANSWER ALL QUESTIONS- PLEASE PRINT

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, or disability. To help us comply with Federal/State equal opportunity record keeping, reporting, and other legal requirements, we request you supply the following information. This information will in no way affect the processing of your application or your being considered for employment. This Pre-Employment Information Form will be kept in a Confidential File separate from the attached Application for Employment and used for statistical purposes only.

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Referred By: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race/Ethnic Group: White Black Hispanic  
Native American/ Alaskan Native Asian/ Pacific Islander

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

Are you a Veteran? Yes No

Are you a Vietnam Era Veteran? Yes No

Are you a Desert Storm/ Shield Veteran? Yes No

Are you a Disabled Veteran? Yes No

How did you learn about this position: Posting Newspaper Advertisement  
Online Advertisement

Other: \_\_\_\_\_