## **MERCER COUNTY SWCD**

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT	PAGE 1 OF 5

Please complete this form completely and accurately. Please type or use a pen and print Instructions: clearly. **SECTION I - PERSONAL INFORMATION** Name: First Social Security # Last MΙ Street Address City County Zip Code State Home Telephone # Work Telephone # Are you at least eighteen (18) years of age? ☐ Yes □ No Are you prevented from lawfully becoming employed by Mercer County SWCD because of VISA or Immigration Status? ☐ Yes □ No Proof of citizenship or immigration status will be required upon employment. Best Time to contact you by phone at: Home: Work: **SECTION II - WORK PREFERENCES** Position(s) applied for **Date of Application** Are you applying for: ☐ Full-time work ☐Part-time work □No preference Are you interested in: ☐ Permanent work ☐ Intermittent work ☐ Temporary work ☐ Seasonal work ☐ No preference Are you currently on "lay-off" status and subject to recall? □Yes □ No Minimum salary expectation:

Date available to start: \_\_\_\_\_

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#### **SECTION III - WORK REFERENCES**

Employment History Including Military Service If Applicable (In chronological order beginning with the most recent):

	Dates Employed:	Your Job Title:
Employer's Name	 From:	Beginning:
zimproyer s riame	Month/Year	End:
Street Address	To:	Your Salary:
	Month/Year	·
City/State/Zip		Beginning:
Supervisor's Name		End:
Describe your duties, responsibilit	ies, equipment operated, etc. for pos	sition(s) held:
Describe your reason(s) for leavin	α.	
Describe your reason(s) for leavin	g	
2	Dates Employed:	Your Joh Title:
2.	Dates Employed:	Your Job Title:
2. Employer's Name	From:	Beginning:
	From:	Beginning:
Employer's Name Street Address	From: Month/Year	Beginning: End: Your Salary:
Employer's Name	From: Month/Year To:	Beginning:  End:  Your Salary:  Beginning:
Employer's Name Street Address	From: Month/Year To:	Beginning:  End:  Your Salary:  Beginning:  End:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary:  Beginning:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary: Beginning:  End:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary: Beginning:  End:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name  Describe your duties, responsibilit	From: Month/Year  To: Month/Year  ies, equipment operated, etc. for pos	Beginning:  End:  Your Salary:  Beginning:  End:  sition(s) held:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name  Describe your duties, responsibilit	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary:  Beginning:  End:  sition(s) held:

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3.	Dates Employed:	Your Job Title:
Francis varia Nama		Beginning:
Employer's Name	From: Month/Year	End:
Street Address	-   '	
Street Address	To: Month/Year	Your Salary:
City/State/Zip	Month, rear	Beginning:
	_	End:
Supervisor's Name		sition(s) held:
Describe your reason(s) for leaving:		
4.	Dates Employed:	Your Job Title:
	_	Your Job Title:  Beginning:
4. Employer's Name	Dates Employed:  From: Month/Year	
	From: Month/Year	Beginning:
Employer's Name	From:	Beginning: End: Your Salary:
Employer's Name	From: Month/Year To:	Beginning:  End:  Your Salary:
Employer's Name  Street Address	From: Month/Year To:	Beginning: End: Your Salary:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary: Beginning:  End:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year	Beginning:  End:  Your Salary: Beginning:  End:
Employer's Name  Street Address  City/State/Zip  Supervisor's Name	From: Month/Year To: Month/Year Month/Year equipment operated, etc. for pos	Beginning: End: Your Salary: Beginning: End: Sition(s) held:

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Dates Employed:

### APPLICATION FOR EMPLOYMENT

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Your Job Title:

Beginning: \_\_\_\_\_

Employer's Name	From:		eegiiiiiig			
	Mont	h/Year E	nd:			
Street Address	To:	V	our Salary:			
		h/Year	·			
City/State/Zip		В	Seginning:			
		E	nd:			
Supervisor's Name	allitica consinuosant cucuratos	l ata fau manitian(a)	hald.			
Describe your duties, responsit	onities, equipment operated	i, etc. for position(s)	held:			
Describe your reason(s) for lea	ving:					
	CECTION IV EDUCATIO	AND TO AINUNG				
SECTION IV - EDUCATION AND TRAINING						
	Formal Education	College	Technical School			
School Name and Location:	Formal Education	College	Technical School			
School Name and Location:	Formal Education	College	Technical School			
School Name and Location:	Formal Education	College	Technical School			
School Name and Location:	Formal Education	College	Technical School			
School Name and Location:  Years Completed	Formal Education  1 2 3 4 5 6 7 8 9 10 11 12	College 1 2 3 4 5 Above	Technical School  1 2 3 4 Above			
Years Completed						
Years Completed Diploma/Degree/Major Other School(s) attended:	123456789101112	1 2 3 4 5 Above	1 2 3 4 Above			
Years Completed Diploma/Degree/Major Other School(s) attended: Please describe the courses ye	1 2 3 4 5 6 7 8 9 10 11 12 ou took, technical training	1 2 3 4 5 Above	1 2 3 4 Above			
Years Completed Diploma/Degree/Major Other School(s) attended: Please describe the courses ye feel would help you perform to	123456789101112  ou took, technical training the job for which you are a	1 2 3 4 5 Above  you received, or ski pplying (e.g., specia	1 2 3 4 Above  Ills you have attained which you all machines or equipment you			
Years Completed Diploma/Degree/Major Other School(s) attended: Please describe the courses ye	123456789101112  ou took, technical training the job for which you are a	1 2 3 4 5 Above  you received, or ski pplying (e.g., specia	1 2 3 4 Above  Ills you have attained which you all machines or equipment you			
Years Completed Diploma/Degree/Major Other School(s) attended: Please describe the courses ye feel would help you perform to	123456789101112  ou took, technical training the job for which you are a	1 2 3 4 5 Above  you received, or ski pplying (e.g., specia	1 2 3 4 Above  Ills you have attained which you all machines or equipment you			
Years Completed Diploma/Degree/Major Other School(s) attended: Please describe the courses ye feel would help you perform to	123456789101112  ou took, technical training the job for which you are a	1 2 3 4 5 Above  you received, or ski pplying (e.g., specia	1 2 3 4 Above  Ills you have attained which you all machines or equipment you			
Years Completed Diploma/Degree/Major Other School(s) attended: Please describe the courses ye feel would help you perform to	123456789101112  ou took, technical training the job for which you are a	1 2 3 4 5 Above  you received, or ski pplying (e.g., specia	1 2 3 4 Above  Ills you have attained which you all machines or equipment you			

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#### **SECTION V - MISCELLANEOUS**

The following information will be used o applying.)	only if it is directly rela	ted to the classification/po	osition for w	hich you are	
Have you ever been employed in the state or county service of the state of Ohio?				□ No	
Have you any job-related training in the U.S. Military?			□ Yes	□No	
Have you ever filed an application here before?			□ Yes	□No	
Have you ever been employed here before?			□ Yes	□No	
If you answered yes to any of the que	estions above, please	explain:			
	REFERENCI	ES			
Please give the name, address, and phenow of your skills for this position:	hone number of thre	e references not related	to you who	o would	
Name	Address		Phor	Phone	
Name	Address		Phor	Phone	
Name	Address		Phor	Phone	
D	ECLARATION / AUT	HORIZATION			
I hereby declare that the information and complete to the best of my know of fact on this application shall be con	ledge. I understand	that, if employed, any m	-		
I authorize you to obtain information above.	n through contacts w	vith my former employe	rs and refe	rences listed	
Applicant's Signature		Date			