

MERCER COUNTY
AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Please complete this form completely and accurately. Please type or use a pen and print clearly.

SECTION I - PERSONAL INFORMATION

Name: _____
Last First MI Last 4 digits of S.S.#

Street Address City State County Zip Code

Home Telephone # Work Telephone #

Are you at least eighteen (18) years of age? Yes No

Are you prevented from lawfully becoming employed by this County 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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APPLICATION FOR EMPLOYMENT

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SECTION III - WORK REFERENCES

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

1. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____
Your Salary: Beginning: _____ End: _____		
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

2. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____
Your Salary: Beginning: _____ End: _____		
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

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3. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____
Your Salary: Beginning: _____ End: _____		
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

4. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____
Your Salary: Beginning: _____ End: _____		
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

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5. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name _____	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

SECTION IV - EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location:			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.): _____ _____ _____ _____			

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SECTION V - MISCELLANEOUS

The following information will be used only if it is directly related to the classification/position for which you are applying.)

Have you ever been employed in the state or county service of the state of Ohio?

Yes 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 questions above, please explain:

REFERENCES

Please give the name, address, and phone number of three references not related to you who would know of your skills for this position:

<hr/> <p>Name</p>	<hr/> <p>Address</p>	<hr/> <p>Phone</p>
<hr/> <p>Name</p>	<hr/> <p>Address</p>	<hr/> <p>Phone</p>
<hr/> <p>Name</p>	<hr/> <p>Address</p>	<hr/> <p>Phone</p>

DECLARATION / AUTHORIZATION

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain information through contacts with my former employers and references listed above.

Applicant's Signature

Date