25 N Park Place,
Painesville, Ohio 44077

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applied For: _____

Full Name: _____
Last First Middle

Address: _____
Number Street Apt. #

_____
City State Zip

Telephone: Day: (____)_____ Evening: (____)_____

Have you ever been employed here before: Yes _____ No _____

If yes, Date _____ Office or Department _____

In what position? _____

Have you ever been employed in the service of a government agency, state, county, municipality, or township? Yes _____ No _____

Will any assigned shift be acceptable? Yes _____ No _____

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

On what date would you be available for work? _____

Give name, address and telephone number for three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME				
YEARS COMPLETED				
DESCRIBE COURSE OF STUDY/MAJOR				
DESCRIBE SPECIALIZED TRAINING, SKILLS/EXTRA CURRICULAR ACTIVITIES				

Areas of interest, skills, professional or technical licenses, permits, etc. (Show State, County, or City in which registered)

_____

_____

_____

_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone ( )	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title(s)		Starting Salary $ Per	
Immediate Supervisor and Title		Final Salary $ Per	
Reason for leaving		May we contact for reference? Yes ☐ No ☐	

Employer	Telephone ( )	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title(s)		Starting Salary $ Per	
Immediate Supervisor and Title		Final Salary $ Per	
Reason for leaving		May we contact for reference? Yes ☐ No ☐	

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Address			

Job Title(s)	Starting Salary $ Per	
Immediate Supervisor and Title	Final Salary $ Per	
Reason for leaving	May we contact for reference? Yes ☐ No ☐	

MISCELLANEOUS

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

1. Do you have an Ohio Driver's License? Yes _____ No _____ (Please attach a copy with this application)

2. If necessary, can you supply your own transportation for work use? Yes _____ No _____

Do not answer the following question unless you have reviewed the job information for the position you are applying for:

3. Can you perform the job-related requirements of the position for which you are applying either with or without a reasonable accommodation? Yes _____ No _____

How did you hear about the position you are applying for:

Newspaper ☐ Walk-In ☐

Monster.com ☐ County Site ☐

Ohio Means Jobs ☐ Twitter ☐

Other:_____

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I solemnly swear or affirm 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 hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

SIGNATURE OF APPLICANT Date

_____ _____

PLEASE READ CAREFULLY

I also agree that any claim or lawsuit relating to my service with the Lake County Board of Commissioners' Office 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 if I am hired this application becomes part of my official employment record.

SIGNATURE OF APPLICANT Date

_____ _____