

ATHENS COUNTY 911

EMERGENCY COMMUNICATIONS
 13 WEST WASHINGTON STREET
 ATHENS, OHIO 45701

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	
NAME:	DATE
SOCIAL SECURITY NUMBER:	AGE:
HOME ADDRESS:	
CITY, STATE AND ZIP	
HOME PHONE	CELL PHONE:
ARE YOU A US CITIZEN?	DATE OF BIRTH:
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE IN THE LAST 5 YEARS?	
IF YES, EXPLAIN:	
WHY DID YOU LEAVE YOUR LAST PLACE OF EMPLOYMENT?	
DO YOU UNDERSTAND THAT YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED?	

TYPE OF WORK DESIRED
POSITION YOU ARE APPLYING FOR:
FULL OR PART TIME EMPLOYMENT?
WHAT IS YOUR SALARY REQUIREMENTS?
DATE AVAILABLE TO BEING WORK:

EDUCATION	
HIGH SCHOOL: (NAME, CITY, STATE)	
GRADUATION DATE:	
BUSINESS OR TECHNICAL SCHOOL:	
DATES ATTENDED:	DEGREE OR MAJOR:
UNDERGRADUATE COLLEGE:	DEGREE OR MAJOR:
GRADUATE SCHOOL:	
DATES ATTENDED:	DEGREE OR MAJOR:
If you have received any type of training for the position you are applying for, please describe:	

DO NOT WRITE IN THIS SPACE:

EXPERIENCE

LAST THREE PLACES EMPLOYED. NAME LAST JOB HELD FIRST.

NAME OF FIRM	JOB DUTIES	REASONS FOR LEAVING
	1	
	2	
	3	
	4	
ADDRESS	5	
	6	DATE STARTED:
	7	
	8	DATE LEFT:
PHONE	9	
	SUPERVISORS NAME	SUPERVISORS PHONE NO.
WAGE START:		
WAGE END:		

2

NAME OF FIRM	JOB DUTIES	REASONS FOR LEAVING
	1	
	2	
	3	
	4	
ADDRESS	5	
	6	DATE STARTED:
	7	
	8	DATE LEFT:
PHONE	9	
	SUPERVISORS NAME	SUPERVISORS PHONE NO.
WAGE START:		
WAGE END:		

3

NAME OF FIRM	JOB DUTIES	REASONS FOR LEAVING
	1	
	2	
	3	
	4	
ADDRESS	5	
	6	DATE STARTED:
	7	
	8	DATE LEFT:
PHONE	9	
	SUPERVISORS NAME	SUPERVISORS PHONE NO.
WAGE START:		
WAGE END:		

REFERENCES (NOT RELATIVES)

NAME:	PHONE:
ADDRESS:	
NAME:	PHONE:
ADDRESS:	
NAME:	PHONE:
ADDRESS:	

READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDER-

STANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING.

1 I understand and accept that, as a condition following an offer of employment and prior to assuming the duties of the position for which I am hired. I may be requested to take any medical and/or psychological examinations that the employer deems to be necessary to determine whether I can perform the essential functions of the job, with reasonable accommodations if necessary. I understand and accept that this may include drug testing to determine if there is any current use of illegal drugs that may affect my ability to perform the duties of the job.

Initials:

2 I understand and accept that the employer provides a seven day per week and twenty-four hours per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials:

3 I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that various law enforcement and informational agencies that exchange information and data with the employer may require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials:

4 I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials:

5 I understand and accept that if any information required in this application found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:

By signing this document, the applicant consents to submit to the foregoing tests and procedures, and agrees that he or she has no cause of action against the employer arising from these issues. The applicant acknowledges and agrees that any attempt on his or her

part, now or in the future, to rescind this consent may be treated by the employer as voluntary resignation from employment. If the applicant refuses to consent to the aforementioned tests and procedures, the employer shall not accept his or her application for employment.

NOTE: THIS APPLICATION MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

APPLICANT'S SIGNATURE

DATE

State of Ohio
County of Athens

Sworn to and subscribed before me according to law, by the above named applicant this _____
day of _____ 20 _____.

(SEAL)

NOTARY

DATE COMMISSION EXPIRES: