



**MILITARY SERVICE**

(Military Discharge Certificate DD-214 may be required at time of employment)

Have you ever been in the Military?  Yes  No Branch: \_\_\_\_\_

Are you a  spouse,  surviving spouse,  child, or  parent of a veteran?

Describe your position: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list past work experience, including military assignments, beginning with your most recent employment. If the title and duties changed significantly in the course of your service in any one organization, indicate such changes clearly and as separate employments. Volunteer work may be included as employment. Please include details of work performed on resume:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Is this your current employer: \_\_Yes \_\_No May we contact this employer: \_\_Yes \_\_No

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Is this your current employer: \_\_Yes \_\_No May we contact this employer: \_\_Yes \_\_No

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Is this your current employer: \_\_Yes \_\_No May we contact this employer: \_\_Yes \_\_No

**EDUCATIONAL HISTORY**

High School: \_\_\_\_\_

Graduated: \_\_ Yes \_\_No

College/Undergraduate: \_\_\_\_\_

Graduated: \_\_ Yes \_\_No Course of Study/ Degree: \_\_\_\_\_

Training School: \_\_\_\_\_

Graduated: \_\_ Yes \_\_No Certificate: \_\_\_\_\_



**APPLICANT'S STATEMENT/RELEASE**

I certify that the answers I have made to all of the questions in this application and accompanying documents are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to and after employment.

In accordance with the Drug and Alcohol Free Workplace policy, drug testing may be required. I understand that any offer of employment which may be made to me by the Appointing Authority or Designee (Employer) is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to the Employer to conduct a drug test that will be performed by a laboratory selected by the Employer. I also understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug and Alcohol Free Workplace Policy, any contingent job offer which may be or has been made to me will be null and void. I understand that the decision of the Employer shall be final.

In addition to drug testing prior to employment, in accordance with the Drug and Alcohol Free Workplace policy, the Employer reserves the right to perform, and I waive any right to object to, mandatory urinalysis to detect alcohol abuse, illegal drug abuse, or substance abuse, if I become employed by Clark County.

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 further understand and acknowledge the Employer reserves the right to require me to submit to any requested medical and/or psychological examination(s) after a job offer has been made and prior to my first day of employment. Where required, such examination(s) will be performed by a licensed physician or medical practitioner of the Employer's choosing. If I fail any of the required pre-employment tests relating to drug, alcohol, or substance abuse, or am otherwise found to be physically incapable of performing the job for which I am applying, the application procedure will be terminated, and I will NOT be employed.

By signing this document I submit to the aforementioned tests and procedures, if required. I permit Clark County to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation I understand that Clark County will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this release, I hereby give my consent to all prior employers and educational institutions to provide necessary information to Clark County. I hereby release, hold harmless, and agree not to sue or file any claim of any kind against Clark County, any current or former employer, educational institution, any officer or employee of either, that in good faith furnishes written or oral references as requested by Clark County to complete its investigation. If I refuse to consent to any required screenings or background checks, Clark County shall not accept or further process my application for employment. I further acknowledge that this document is a public document and subject to the Ohio Public Records Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



<i><u>This box is to be used only by Personnel during the evaluation process. Do NOT complete now.</u></i>	
Application Received _____	Letter Mailed _____
Social Security Number _____	Date of Birth _____
Driver's License # _____	State Issued _____
First Interview _____	Second Interview _____