

Licking County Soil & Water Conservation District Employment Application

Please read before completing this application.
If you have any questions or need assistance, please ask a Human Resources representative.

Thank you for your interest in employment with Licking County Soil & Water Conservation District. We appreciate your taking the time to complete this application. Licking County Soil & Water Conservation District is an Equal Opportunity Employer and all applicants will be given equal consideration regardless of race, age, sex, disability, religion and national origin. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law. Licking County's policy requires that all persons interested in employment complete a written application for a position which has been advertised and for which they are qualified. A resume alone is not sufficient to consider an individual as an applicant.

I have read and understand the foregoing.

Signature

Date

USE A PEN AND PLEASE PRINT

PERSONAL INFORMATION

Name _____ Social Security No. _____
Last First MI

Present Address _____
Number Street City State ZIP

Home Phone #: _____ Daytime phone # where we may reach you _____

Have you ever used or been known by any other name(s) including first name (ie., nickname or common name)?

_____ Yes _____ No If yes, please indicate additional names _____

Can you, after employment, submit verification of your legal right to work in the United States? ____ Yes ____ No

Position applied for: _____

Have you ever been employed by another public agency in Ohio? _____ Yes _____ No

If yes, please specify location(s) and date(s) _____

Have you ever been convicted of or pled guilty to a felony? _____ Yes _____ No

If yes, briefly explain the manner of the offense.

***Do not include arrests without convictions, convictions adjudged "juvenile delinquent" or disturbances of the peace.**

***Criminal convictions are not necessarily a bar to employment; however, conviction of certain crimes is and each case will be reviewed.**

JOB INTERESTS

How did you learn about employment opportunities with Licking County Soil & Water Conservation District?

Newspaper Ad Friend Job Posting Website Other (Specify) _____

Type of work desired: _____ Full Time _____ Part Time _____ Temporary

If you are offered employment, on what date will you be available to begin work?

Salary requirements: \$ _____ per _____

EDUCATION

School Level	Name & Location (City/State)	Number of Years Attended	Did You Graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College/ University				
Graduate/ Professional				

EMPLOYMENT INFORMATION

<p>Start with present or most recent employment. Please account for any period of unemployment.</p> <p>Employer: _____ Phone No. _____</p> <p>Address: _____</p> <p>Position/Duties: _____</p> <p>_____</p> <p>Reason for leaving: _____</p> <p>_____</p>	<p>From: (mo.) _____ (yr.) _____</p> <p>To: (mo.) _____ (yr.) _____</p> <p>Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/></p> <p>Starting Salary: \$ _____</p> <p>Last Salary: \$ _____</p> <p>Supervisor's Name: _____</p> <p>Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Employer: _____ Phone No. _____	To: (mo.)_____ (yr.)_____
Address: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Position/Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name: _____
Reason for leaving: _____	Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Employer: _____ Phone No. _____	To: (mo.)_____ (yr.)_____
Address: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Position/Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name: _____
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Position/Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name: _____
Reason for leaving: _____	Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been terminated or have you resigned after being told you would be terminated? Yes No

If yes, please explain _____

List relevant seminars, specialized courses, etc.:

List Community and/or school organizations involved with or volunteer time spent, include leadership positions held.

Office Skills:

Keyboarding _____ wpm Computer (Type):: _____

Please list specific software in which you have skills, including word processing, spreadsheet, and database programs.

Other Specialized Skills:

Please list special equipment or machines you can operate:

LICENSES, REGISTRATION AND CERTIFICATES

Be sure to include any valid driver license or commercial driver license if the operation of a motor vehicle will be required in the course of your employment.

License/Certification Issued by:	Field/Trade/Specialization	License/Certificate Number	Expires

Please list three (3) personal references whom this department has permission to contact.

REFERENCES			
Name	Daytime Phone	How Acquainted	# Years

ACKNOWLEDGMENTS/AUTHORIZATIONS

Please read carefully. If you have any questions regarding any of the statements, please ask a Human Resources representative.

1. To the best of my knowledge, the facts set forth in my application for employment are true and complete, I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment.
2. I agree that if I accept employment with the Licking County Government, I will produce documents establishing my identity and work authorization as a condition of employment.
3. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.
4. Based upon the position for which I am applying, I understand it may be necessary to investigate my financial and credit record through a credit reporting agency. Therefore, I authorize Licking County Government to investigate my financial and credit record through any credit agency or bureau of its choice. I understand that the Licking County Government, upon my written request, will disclose to me the nature and scope of any credit investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that the Licking County Government shall so advise me and provide me with the name and address of the consumer agency making the report.
5. Based upon the position for which I am applying, I understand it may be necessary to investigate my driving record through the Bureau of Motor Vehicles. Therefore, I authorize Licking County Government to submit a request for a driver's abstract report. I understand that the Licking County Government, upon my written request, will disclose to me the nature and scope of any investigation. If this application is denied either wholly or partly because of information contained in the report, I understand that the Licking County Government shall so advise me and provide me with a copy of the report.
6. I also understand that any offer of employment which may be made to me by the Licking County Government is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to Licking County to conduct a drug test that will be performed by a laboratory selected by Licking County.
7. I understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer which may be made to me will be null and void.
8. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application, to release to the Licking County Government any and all information, personal or otherwise that may or may not be on their records, and I hereby release said law enforcement agencies, employers and educational institutions from liability for any damage or injury to me arising out of the release of such information.

Signature of Applicant _____ Date _____