

BELMONT COUNTY

Application for Employment

Return to: Human Resources Department, 101 West Main Street, St. Clairsville, OH 43950

Equal access to programs, services and employment is available to all persons. Those applicant requiring accommodation to the application and/or interview process should notify the Human Resources Department. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applied for: _____

Date of Application: _____

How did you hear about the position?

Advertisement: ____ Relative: ____ Inquiry: ____ Website: ____ Friend: ____

Employment Agency ____ Other: _____

Name: _____
Last First Middle

Mailing Address: _____
Street Apt. City State Zip

Telephone #: (_____) _____ Mobile/Other: (_____) _____

E-mail: _____ Best time to contact you at home is: ____ am / pm

Have you ever submitted an application to Belmont County? ____ If Yes, When? _____

Have you ever been employed by Belmont County? ____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____

If you are under 18, can you furnish a work permit? _____

Do you have a valid driver's license? _____ State / Number: _____
(Answer only if the position for which you are applying requires driving)

Are you able to meet all of the attendance requirements of this position? _____

Are you able to work overtime if necessary? _____ Will you travel if the position requires it? _____

Do you have any friends / relatives currently employed by Belmont County? _____

If Yes, who? _____

What is your desired salary range or rate of pay: \$ _____ per _____

Date available for work: _____

Type of employment desired: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

1. From/To _____ **Employer/Organization** _____

Telephone # _____ Address _____

Job Title: _____ **Supervisor** _____ **May We Contact?** _____

Job Duties/Responsibilities _____

Reason for Leaving _____ **Final Rate of Pay:** _____

2. From/To _____ **Employer/Organization** _____

Telephone # _____ Address _____

Job Title: _____ **Supervisor** _____ **May We Contact?** _____

Job Duties/Responsibilities _____

Reason for Leaving _____ **Final Rate of Pay:** _____

3. From/To _____ **Employer/Organization** _____

Telephone # _____ Address _____

Job Title: _____ **Supervisor** _____ **May We Contact?** _____

Job Duties/Responsibilities _____

Reason for Leaving _____ **Final Rate of Pay:** _____

4. From/To _____ **Employer/Organization** _____

Telephone # _____ Address _____

Job Title: _____ **Supervisor** _____ **May We Contact?** _____

Job Duties/Responsibilities _____

Reason for Leaving _____ **Final Rate of Pay:** _____

Please Explain Any Gaps In Employment:

Have you ever been fired or asked to resign from a job? _____

If yes, please explain

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Obtained
High School/GED				
Undergraduate College				
Graduate Professional				
Other (specify)				

Related Information: Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Please discuss your interest in employment with _____ County and any qualifications beyond what is reflected in your application. Use additional sheets if needed.

References: Please provide the names and telephone numbers of three professional references who are not related to you. If professional references are not available, provide school or personal references who are not related to you.

Name: _____ Title: _____
 Relationship: _____ Telephone: _____
 Email: _____

Name: _____ Title: _____
 Relationship: _____ Telephone: _____
 Email: _____

Name: _____ Title: _____
 Relationship: _____ Telephone: _____
 Email: _____

Applicant Statement and Signature:

I certify that all information I have provided in order to apply for and obtain employment with Belmont County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Belmont County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Belmont County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Belmont County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Belmont County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Belmont County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Belmont County is of an "at will" nature, which means that I am free to resign at any time and Belmont County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Belmont County at any time. I understand that no representative of Belmont County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

This application is considered active for (1) year, applicants must reapply to be considered for available positions.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ **Date:** ____/____/____

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with Belmont County 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.

Applicant Signature: _____ **Date:** ____/____/____

NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT (FCRA)

As part of our employment process, an investigative consumer report, as governed by the Fair Credit Reporting Act or any similar state or local statute, may be requested. However, requests will not be made without your prior written authorization.

Applicant Signature: _____ **Date:** ____/____/____

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I _____ hereby permit _____ to conduct a background investigation, including my criminal history, concerning matters related to my application for employment. As a result of this background investigation I understand that _____ will be seeking information from prior employers and other individuals, including various law enforcement agencies, that I may or may not have disclosed. By signing this release, I hereby consent all prior employers, law enforcement agencies and educational institutions to provide necessary information to this employer during the background investigation. I hereby release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer, law enforcement agency or educational institution, and any officer or employee of either, that in good-faith furnishes written or oral references as requested by this employer to complete its background investigation.

A photocopy or facsimile of this form that shows my signature is valid as an original.

Dated this _____ day of _____, 20 _____

Witness

Applicant

Driver Eligibility Acknowledgement
Pre-employment/Employment Qualifications

Hiring or promoting persons who will be required to drive as a function of his/her job duties will be at the sole discretion of Belmont County or the applicable appointing authority. An applicant or employee, who will be required to drive as a function of his/her job duties, may be denied employment on the basis of a driving record deemed unsatisfactory by Belmont County or the applicable appointing authority. At the discretion of the appointing authority, denial of employment may be made without regard to the number of points or violations, whether they occurred within the past thirty-six (36) months or whether they occurred within the State of Ohio.

1. Employees or applicants for employment may be considered qualified to drive when the following are met to the satisfaction of Belmont County or the applicable appointing authority:
 - a) Review of the applicant's or employee's motor vehicle driving record ("MVR").
 - b) The provision by the applicant or employee of proof of insurance or compliance with the State of Ohio's Financial Responsibility Laws.
 - c) Employees whose position requires a commercial driver's license (CDL) will follow the driving policy specific to their department and position. In the event of a conflict, the department-specific policy controls, but only if the department-specific policy meets or exceeds the provisions of this policy.

2. Employees or applicants for employment who, at the sole discretion of Belmont County or the applicable appointing authority, have an MVR that demonstrates poor driving habits shall not drive any vehicle on behalf of Belmont County without receiving, and providing evidence satisfactory to Belmont County or the applicable appointing authority that they have received additional training and/or intervention and/or discipline and/or until otherwise exhibiting to the appointing authority's satisfaction that there has been substantial improvement in their driving abilities, performance and skills. Belmont County's Insurer may exclude coverage for any driver or drivers on a temporary or permanent basis.

I have been informed that my motor vehicle record (MVR) will be run. I have familiarized myself with the information in this acknowledgment and understand its contents. I further understand that this document is not an employment contract.

Signature of Employee

Date