Defiance County
Application for Employment

Defiance County is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, national origin, disability, religion, age (where protected by law) or color.

Please Print

Position Applied For:	Date of Application:

Personal Information

Full Name: _____
Last *First* *Middle*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: ( ) _____ Mobile/Other: ( ) _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been employed by Defiance County Before? YES ☐ NO ☐ If yes, when?_____

Date available to start: _____

Education

School	Years Completed	Diploma/Degree Obtained	Course of Study

Military Service

Branch: _____ From:_____ To:_____

Rank at Discharge: _____ Type of Discharge:_____

If other than honorable, explain: _____

Employment History

Provide your work experience starting with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on the back.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

_____

_____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

_____

_____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

_____

_____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Summary of Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

_____

_____

_____

_____

_____

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

_____

_____

_____

_____

_____

References

Please provide 3 professional references who are not related to you.

Name: Phone: Address:

Name: Phone: Address:

Name: Phone: Address:

Applicant Statement and Signature

I certify that all information I have provided in order to apply for and obtain employment with Defiance 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 Defiance County. I give Defiance 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 Defiance County in providing relevant, job related information that will assist in this process. I expressly authorize, Defiance County, its representatives, members or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Defiance County is of an "at will" nature, which means that I am free to resign at any time and Defiance 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 no representative of Defiance 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.

Do not sign until you have read the above Applicant Statement.

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

Signature: _____ Date: _____