

COUNTY OF DEFIANCE, OHIO

EMPLOYMENT APPLICATION

Form 1992 - Revised _____

"The County of Defiance considers all applicants for Employment in the County for all positions without regard to Race, Color, National Origin, Sex, Religion, Age or Disability in Employment or the Provision of Services."

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Have you ever filed an application with us before?

Yes No

If Yes, Give Date _____

Have you ever been employed with us before?

Yes No

If Yes, Give Date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Yes No

Proof of Citizenship or immigration Status will be required upon employment.

On what date would you be available for work? _____

Are you available to work

FULLTIME PARTTIME TEMPORARY SEASONAL

Are you currently on "Layoff" status and subject to recall?

Yes No

Can you travel if job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not Necessarily disqualify an Applicant from Employment.

IF YES, EXPLAIN

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

	Elementary					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe _____

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p>

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on back of this sheet.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically as knowledge in writing by an authorized officer of this county organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

BOARD OF DEFIANCE COUNTY COMMISSIONERS

500 Court Street, Suite A
Defiance, Ohio 43512
Phone: 419-782-4761 .☐ Fax: 419-782-8449
commissioners@defiance-county.com

THOMAS L. KIME
Chairman
OTTO L. NICELY
Vice-Chairman
JAMES E. HARRIS, JR.
Commissioner
LAURA L. HOWELL
Operations Manager/Administrator

STEPHANIE M. METZ
Clerk
SHERRY A. CARNAHAN
Deputy Clerk
ARICA T. SMITH
Deputy Clerk
LANIE B. MILLER
Deputy Clerk

NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

AS AN APPLICANT FOR EMPLOYMENT WITH DEFIANCE COUNTY, I HEREBY GIVE MY PERMISSION FOR THE DEFIANCE COUNTY SHERIFF'S OFFICE AND ANY OTHER LAW ENFORCEMENT OR GOVERNMENTAL AGENCY TO INVESTIGATE MY BACKGROUND AND RELEASE ANY INFORMATION WHICH MAY BE OBTAINED, TO THE DEFIANCE COUNTY COMMISSIONERS. I RECOGNIZE THAT MY EMPLOYMENT WITH DEFIANCE COUNTY DEPENDS ON THE RESULTS OF THAT INVESTIGATION AS WELL AS OTHER FACTORS.

SIGNATURE OF APPLICANT

SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration 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 declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X _____
 APPLICANT SIGNATURE

 DATE