

DEFIANCE COUNTY COMMUNICATIONS CENTER

**113 Biede Ave
Defiance, Ohio 43512
419-784-1155**

Date of Application: _____

All applicants for position of Communications Officer with the Defiance County Communications Center will be considered without regard to race, color, religion, creed, gender, national origin, age, disability marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number	Social Security Number
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Best time to contact you: ____:_____ AM/PM

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? _____

Do you have any friends, relatives, other than spouse who are currently employed with the Sheriff's office? Yes No

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.
Proof of citizenship or immigration status will be required upon employment. ... Yes No

Date available for Work: ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

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Education

	Name and Address of School	Course of Study	Years Completed	Diploma
Elementary School				
High School				
College				
Other				

Provide any specialized training, skills that would be beneficial to the position of Communications Officer

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Describe job related training through the United States Military

Additional Information

State any additional information you feel may be helpful in considering your application

References

Please provide three (3) professional references

1. Name	Phone #
Address	
2. Name	Phone #
Address	
3. Name	Phone #
Address	

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Employment Experience

1. Employer		Dates Employed: __/__/__ to __/__/__	
Address	Phone #	Job Title	
Supervisor		Reason for Leaving	
2. Employer		Dates Employed: __/__/__ to __/__/__	
Address	Phone #	Job Title	
Supervisor		Reason for Leaving	
3. Employer		Dates Employed: __/__/__ to __/__/__	
Address	Phone #	Job Title	
Supervisor		Reason for Leaving	
4. Employer		Dates Employed: __/__/__ to __/__/__	
Address	Phone #	Job Title	
Supervisor		Reason for Leaving	

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Applicant's Acknowledgement

PLEASE READ THE STATEMENTS BELOW, AND UPON YOUR UNDERSTANDING AND AGREEMENT, SIGN IN THE SPACE PROVIDED. NO APPLICATION WILL BE CONSIDERED WHICH IS NOT SIGNED.

I, _____, certify that the answers provided are true and complete

By signing below, I verify that all of the information I've provided is complete, truthful and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration in the employment selection process. I understand that if I am hired, and the County subsequently discovers that information provided on this application is inaccurate or incomplete, this may be sufficient cause for me to be separated from employment.

By signing below, I acknowledge understanding that if I am selected for a job interview, the department with whom I am seeking employment reserves the right, and may assess my criminal history at any time during, or after the job interview, and the appointing authority may condition my eligibility for the job based on my criminal history in consideration of the nature of the conviction and other factors permitted or required by EEOC regulations and applicable law.

I acknowledge that if I am asked about my criminal history, my failure to provide an accurate and complete history will be considered dishonesty, and will result in my being disqualified from employment. Likewise, my failure to give written authorization for Defiance County to conduct a criminal background check, if required, will result in my being disqualified from further consideration for employment.

I further understand that this application is not a contract of employment, and that employment with the County does not constitute a contractual employment relationship, and that any term, condition or benefit of employment may be rescinded or changed, except as otherwise required by law.

Signature of Applicant

Date