

DEFIANCE COUNTY COMMUNICATIONS CENTER

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

Date of Application: _____ **Email:** _____

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
Address	City	State Zip Code
Telephone Number	Social Security Number	
Best time to contact you: _____		____:_____ AM/PM
Have you ever filed an application with us before? If Yes, give date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends, relatives, other than spouse who are currently employed with the Sheriff's office?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status. <i>Proof of citizenship or immigration status will be required upon employment.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for Work: ____/____/____		What is your desired salary range? _____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid state motor vehicle operator license? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, which state, _____		

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Education

	Name and Address of School	Course of Study	Years Completed/Graduation Year	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	Salary \$	Reason for Leaving
2. Employer		Dates Employed: __/__/__ to __/__/__
Address	Phone #	Job Title
Supervisor	Salary \$	Reason for Leaving
3. Employer		Dates Employed: __/__/__ to __/__/__
Address	Phone #	Job Title
Supervisor	Salary \$	Reason for Leaving
4. Employer		Dates Employed: __/__/__ to __/__/__
Address	Phone #	Job Title
Supervisor	Salary \$	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