

EMPLOYMENT APPLICATION

USE A PEN AND PLEASE PRINT



LAKE COUNTY ENGINEER
550 Blackbrook Rd. Painesville, OH 44077
Phone: 440.350.2770 Fax: 440.352.8133

LAST NAME

FIRST NAME

TODAY'S DATE: _____

[Applications are kept on file for one (1) year]

Please read before completing this application. If you have any questions or need assistance, please ask a Human Resources Representative.

Thank you for your interest in employment with Lake County Government. We appreciate you taking the time to complete this application. Lake County Government is an Equal Opportunity Employer and all applicants will be given equal consideration regardless of race, age, sex, disability, religion, national origin, genetic information, military status or other unlawful bias.

Please note that applications are kept for two years from the date of receipt. Please be sure to complete all sections of this application; those lacking sufficient information will be rejected. Also note that this completed form will become public record once submitted to our Government Agency.

No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law. Lake County's policy requires that all persons interested in employment complete a written application for a position which has been advertised and for which they are qualified. A resume alone is not sufficient to consider an individual as an applicant.

Please read each of the following paragraphs carefully. Indicate your understanding of and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact Human Resources before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that Lake County deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing. _____
2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends, be on call and work mandatory overtime hours. _____
3. I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the Lake County Engineer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. _____
4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand that the various law enforcement and informational agencies that exchange information and data with the Lake County Engineer require that employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. _____
5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer. _____

Personal Information...

Last Name	First Name	Middle Name
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Present Address _____

Number	Street	City	State	Zip
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Home Phone #: _____ Daytime # where we may reach you: _____

Have you ever used or been known by any other name(s) including first name (ie., nickname or common name)?

Yes No If yes, please indicate additional name(s) _____

How did you learn about employment opportunities with Lake County Government?

Newspaper Ad Friend Job Posting Website Other (Specify)

Type of work desired: Full Time Part Time Temporary

Location: Road/Maintenance Department Administrative

Title(s) of the job(s) for which you are applying: _____

Have you ever been employed by another public agency in Ohio? Yes No

If yes, please specify location(s) and date(s) _____

If you are offered employment, on what date will you be available to begin work? _____

Salary requirements: \$ _____ per _____

Do you have any commitments which might interfere with, or adversely affect, your employment should we select you for a position (i.e., second job, school, etc.)? ? Yes No

If yes, please explain _____

Education...

SCHOOL LEVEL	Name & Location (City/State)	Number of Years Attended	Did You Graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College/ University				
Graduate/ Professional				

Qualifications...

SKILLS & RELATED TRAINING	
List relevant seminars, specialized courses, etc.:	
<hr/> <hr/>	
<input type="checkbox"/> Office Skills	
<input type="checkbox"/> Keyboarding _____ wpm <input type="checkbox"/> Computer (Type): _____	
<i>Please list specific software in which you have skills, including word processing, spreadsheet, and database programs:</i>	
<hr/> <hr/>	
<input type="checkbox"/> Other Specialized Skills:	
<i>Please list special equipment or machines you can operate:</i>	
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LICENSES, REGISTRATIONS AND CERTIFICATES			
Be sure to include any valid driver license or commercial license if the operation of a motor vehicle will be required in the course of your employment.			
License/Certification Issued by:	Field/Trade/Specialization	License/Certificate Number	Expires

Employment History...

Start with present or most recent employment. Please account for any time period of unemployment.

Have you ever been terminated or have you resigned after being told you would be terminated? Yes No

If yes, please explain: _____

Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Dates Employed: From (mo) _____ (yr) _____ To (mo) _____ (yr) _____	Salary: Starting: \$ _____ Last: \$ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			

Employment History (Continued)...

Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Dates Employed: From (mo) _____ (yr) _____ To (mo) _____ (yr) _____	Salary: Starting: \$ _____ Last: \$ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			

Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Dates Employed: From (mo) _____ (yr) _____ To (mo) _____ (yr) _____	Salary: Starting: \$ _____ Last: \$ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			

Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Dates Employed: From (mo) _____ (yr) _____ To (mo) _____ (yr) _____	Salary: Starting: \$ _____ Last: \$ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			

WORK REFERENCES		
List three prior <u>work</u> references (persons familiar with your employment skills & abilities) whom this department has permission to contact:		
Name	Address	Phone

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE LAKE COUNTY ENGINEER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I have read and understand the foregoing.

Signature

Date