



# APPLICATION FOR EMPLOYMENT WITH SANDUSKY COUNTY

FOR OFFICIAL USE ONLY

**INSTRUCTIONS:** Please fill out this employment application form completely and accurately. **Print or type** in a legible manner. Failure to complete certain portions of this form may result in disqualification.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**APPLICATIONS ARE FILED ACCORDING TO SPECIFIC JOB OPPORTUNITIES POSTED. SANDUSKY COUNTY DOES NOT ACCEPT OR MAINTAIN ON FILE UNSOLICITED APPLICATIONS.**

Date of Application: \_\_\_\_\_

Specify the name of the advertised position(s) you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about this position? (please check one or more)

- Sandusky County Human Resources
- Posting on Sandusky County Bulletin Board
- Newspaper (name of publication) \_\_\_\_\_
- Internet (name of site) \_\_\_\_\_
- Other (please list) \_\_\_\_\_

**Please check shift preference:**  Days  Afternoons  Nights  No Preference

- **What is your minimum salary requirement?** \_\_\_\_\_
- **What is the earliest date you will be able to accept employment / volunteer?** \_\_\_\_\_
- **Do you meet the minimum qualifications and can you perform the job duties related to the specific job for which you are applying?**  Yes  No
- **Do you have any commitments to anyone, which might affect immediate employment with this organization?**  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

1. Are you under 18 years of age? Yes No
2. Have you ever filed an application for employment with Sandusky County?  
If yes, were you ever interviewed for employment? Yes No  
Yes No
3. Have you ever been employed by the State of Ohio or any of its political  
subdivisions such as Cities, Villages, Townships, Counties, Fire Districts etc.? Yes No
4. Have you ever been employed by this organization? Yes No
5. Do you have a relative who is presently employed by Sandusky County? Yes No

**If you answered yes to questions 3, 4, and/or 5, please explain:**

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**High School Attended** \_\_\_\_\_

Address \_\_\_\_\_

Did you graduate?  Yes  No      High school equivalent?  Yes  No

**College or trade school attended** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No      Degree \_\_\_\_\_

**Graduate school attended** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No      Degree \_\_\_\_\_

Please describe any coursework or technical training you have received which will better enable you to perform the job for which you are applying. Include any licenses or certification you have obtained that will relate to your work.

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If you have received any other training, not mentioned above, please describe. Include any equipment or instruments you can operate, any foreign language skills, or any other skills you possess which better indicate your ability to perform the job for which you are applying.

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**EMPLOYMENT HISTORY**

Please describe your employment history (Including military service). Begin with your most recent or present employer.

**Present or most recent job:**

1. **Company / Employer's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

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2. **Company / Employer's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

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3. **Company / Employer's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

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**TO BE COMPLETED BY APPLICANT**

I do hereby give permission to the Sandusky County Human Resource Office / Sandusky County Appointing Authority to seek information concerning any employment experience. I have been employed by the employers listed on my job application and give the following permission to release any job related information requested by Sandusky County in order to determine whether I am suited for employment by them.

**EMPLOYERS AUTHORIZED TO RELEASE INFORMATION**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

I understand the Sandusky County Human Resource Office / Sandusky County Appointing Authority will verify information obtained from my job application, resume and other related documents. It is my understanding that Sandusky County may make a thorough investigation of my entire employment history and I release from liability any person giving or receiving any such lawful information.

I have read and understand the authorization granted above and agree to the same as a condition of my prospective employment.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Former employer will be receiving a copy of the signed authorization, if requested. The original authorization will be retained in the applicant's records for future use.

*APPLICANT BACKGROUND INVESTIGATION*

Certain positions with Sandusky County require that an individuals past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions with the Sandusky County Commissioners / Sandusky County Appointing Authority, individuals selected for hire will undergo a background check with a local law-enforcement agency. Failure to complete this waiver will result in disqualification for employment with Sandusky County.

I further understand if applying for a position with Sandusky County Job and Family Services, individuals selected for hire will undergo a background check with law-enforcement agencies at federal and / or state level as well as local. Applicants may also be asked to provide a set of fingerprint impressions.

I authorize release of any police record information in my name, to the Sandusky County Human Resource Office / Sandusky County Appointing Authority.

Name: \_\_\_\_\_  
(Please print) Last Middle First

List any other NAMES you have used during the previous five (5) years:

\_\_\_\_\_  
Please Print

List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:

\_\_\_\_\_  
Please Print

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**REPORT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

# SANDUSKY COUNTY



Commissioners, Human Resources, Risk Management

*Board of Commissioners:*  
Dan Polter  
Charles Schwochow  
Terry Thatcher

*County Administrator:*  
Theresa Garcia  
garcia\_theresa@co.sandusky.oh.us

## REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

**REQUESTED BY: Sandusky County Human Resources**

To Whom It May Concern:

The following has made an application with Sandusky County. In accordance with Section 391.23. of the Federal Department of Transportation Regulations, please furnish the above signed with the applicants driving record for the last three (3) years.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

State License Issued In: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

I GRANT PERMISSION TO SANDUSKY COUNTY TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.

**REFERENCES:** Please list the name and address of three individuals, other than relatives, whom we may contact for a professional reference:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_

**SANDUSKY COUNTY** is an equal opportunity employer and selects the best matched individual for any job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

- 1) I understand and accept that if any information required in this application (*and attached resume, if any*) 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 Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.  
Initials: \_\_\_\_\_

- 2) I understand and accept that Sandusky County will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Sandusky County and I release from liability any person giving or receiving any such lawful information. I understand the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired.  
Initials: \_\_\_\_\_

- 3) I understand and accept If offered a position, I agree to authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job for which am being considered, prior to employment or in the future during my employment with Sandusky County.  
Initials: \_\_\_\_\_

- 4) I understand and accept, although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.  
Initials: \_\_\_\_\_

- 5) I understand and I am aware of the employer's Drug-Free Workplace Policy, and I understand it is a condition of employment. I have received a copy of Sandusky County's Drug Free Workplace Statement and Policy.  
Initials: \_\_\_\_\_

**I further understand and agree that if applying for a position with Sandusky County Common Pleas Court Juvenile / Probate Division:**

- 6) I hereby consent to have my fingerprints taken and placed on file.  
Initials: \_\_\_\_\_

- 7) I further understand and accept as a condition of employment, and a condition of continued employment after hire, I consent to a polygraph examination, drug testing and psychological testing if requested by the court. I understand that reports of the testing will be shared with Sandusky County Common Pleas Court Juvenile/Probate Division and the County Human Resources Department. I understand that all evaluations and resulting reports are the property of Sandusky County, and that I will not have access to the evaluation data, or any reports. Failure to comply with any tests requested could result in my dismissal.  
Initials: \_\_\_\_\_

**I further understand and agree that if applying for a position with Sandusky County Emergency Medical Services:**

- 8) The Emergency Medical Services Physical Ability Test (EMS-PAT) is designed to simulate and ensure the applicant's ability to perform essential functions during an emergency situation. The physical ability test is designed to evaluate the applicant's muscular strength, muscular endurance, aerobic capacity, cardiopulmonary endurance, and the overall physical ability to perform the duties of a field based emergency medical professional. This test has been designed to simulate only tasks deemed to be critical by employees of Sandusky County EMS agency and is not necessarily representative of tasks performed in other agencies.

The Emergency Medical Services Skills Testing is designed to simulate and ensure the applicant's ability to perform essential functions during an emergency situation. The EMS skill testing is designed to evaluate the applicant's patient care methods, medical knowledge, and skills technique. This test has been designed to simulate tasks deemed to be critical by employees of Sandusky County EMS agency.

All participants are required to pass both evaluations to be considered for employment with Sandusky County EMS.

Initials: \_\_\_\_\_

**I further understand and agree that if applying for a position with Sandusky County Sheriff's Office:**

- 9) I acknowledge having file an application with the Sandusky County Sheriff's Office am fully recognizing the responsibility to the public and the Sandusky County Sheriff's Office that only those of high character and ability are employed as members of the Sandusky County Sheriff's Office. I hereby authorize and request any law enforcement official, credit bureau official and every other person, firm, officer, corporation, association, organization, or institution getting control of any documents, records, or other information pertaining to me in relation to my fitness to perform the duties and responsibilities of a Deputy Sheriff with the Sandusky County Sheriff's Office, to furnish the originals or copies of any documents, records, and other information to the Sandusky County Sheriff's Office or any of its representatives, to inspect and make copies of any such documents, records or other information.

I understand that under the privacy acts of the United States in the state of Ohio, certain restrictions exist relative to deputy sheriff's, school officials, credit bureau officials, and every other person from disclosing records and/or information concerning individuals without a written request by, or without the prior written consent of individual to whom the records pertaining.

Knowing and understanding the above referenced two protections, I hereby voluntarily grant my consent for the release of such official records or information that pertains to me concerning any information pertinent to my criminal, school, credit, business, or personal backgrounds of the following government, civilian, public, or private institutions, organizations, or person which may possess such information.

I further understand that the information requested and gathered by the Sandusky County Sheriff's Office will be used solely for official evaluation of my application to become a deputy sheriff, and that the information will be confidential to the extent permitted by law and would not otherwise be released without my express consent.

I further hold that this consent will be valid for the period of one year from the date signed beyond that date; this consent is no longer valid.

Initials: \_\_\_\_\_

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

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



EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SANDUSKY COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

Applicant's Signature

Date

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