

EDUCATION

Provide your complete history

(17) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(18) Name of High School _____ City _____ State _____

(19) Have you received a high school diploma or equivalent? [] Yes [] No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma Certificate Earned	Major
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship Other						Yes No			

KNOWLEDGE. SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and software packages known and/or used.

- (a) _____ (e) _____
- (b) _____ (f) _____
- (c) _____ (g) _____
- (d) _____ (i) _____

REGISTRATIONS. LICENSES. CERTIFICAL

(24) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State _____ No _____ Exp Date _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank –**Number:** _____ **State:** _____

(26) Is your driver's license a Commercial Driver's License? [] Yes [] No
If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.**

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos. _____ Part-time for: Yrs _____ Mos. _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week. _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos. _____ Part-time for: Yrs _____ Mos. _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week. _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos. _____ Part-time for: Yrs _____ Mos. _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week. _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos. _____ Part-time for: Yrs _____ Mos. _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week. _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs _____ Mos. _____ Part-time for: Yrs _____ Mos. _____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week. _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs _____ Mos. _____ Part-time for: Yrs _____ Mos. _____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week. _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

(27) Have you had disciplinary action taken against you in the past 12 months? Yes No
If YES, explain under EXPLANATIONS (A YES will not automatically disqualify you.)

(28) a.) Have you ever been dismissed or forced to resign from any job held? Yes No
b.) Were you dismissed or forced to resign for disciplinary reasons? Yes No
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(29) May we contact your present employer for reference prior to an interview (if granted)? Yes No
If you are not currently employed, please check here N/A (____). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____

ITEM # _____

ITEM # _____

ITEM # _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application, I may be disqualified for employment consideration or dismissed from employment with the County
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records I hereby release them from any damage whatsoever for issuing same
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to Franklin County: and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer or educational institution under a promise of confidentiality
- I also permit Franklin County to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances I consent to the testing and understand that the results could preclude my appointment
- I understand and acknowledge that should I be employed by Franklin County, then I serve "at will" This means that I may be terminated at any time with or without cause I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the County Manager

SIGNATURE _____ **DATE** _____

DRUG SCREENING

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If **male** and age 18 to 26, have you registered for Selective Service?

(Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name Date

An Equal Opportunity/Affirmative Action Employer