# Franklin County

## **Equal Employment Opportunity Employer**

## **Application for Employment**

This application will be accepted to July 6, 2022.

Franklin County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Type of Work Desired (CHECK ALL THAT APPLY):
Full-Time  Part-Time  Regular  Temporary  Temporary
Have you ever been employed here before? Yes  No  If yes, give date:
Applicant's Name (Last,First, Middle Initial):
Street Address:
Mailing if different than above:
City, State, Zip Code:
Home Telephone Number: Other Telephone Number:
Position Applied For: Date Available for Work:
How did you learn about the job you have applied for?(Be specific as to the source.)
Are you legally authorized to work in the United States?
If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.
This position is subject to a veterans preference. Are you eligible for and requesting a veterans preference? Yes [A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof

of marriage to the veteran.]

### EMPLOYMENT RECORD

List below the positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers. Volunteer, military or unpaid experiences will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties						
Employer/Kind of Business	Position Title						
Street Address	Specific Duties						
Immediate Supervisor/Title	Telephone Number						
Dates of Employment (Month/Year) From: To:	Hourly Rate/Salary Starting: Final:						
Part-Time  Full Time							
Reason for Leaving							
Employment Information Description of Duties							
Employer/Kind of Business	Position Title						
Street Address	Specific Duties						
Immediate Supervisor/Title	Telephone Number						
Dates of Employment (Month/Year) From: To:	Hourly Rate/Salary Starting: Final:						
Part-Time  Full Time							
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Part-Time							
Reason for Leaving							

Employ	Description of Duties						
Employer/Kind of Business		Position Title					
Street Address	Specific Duties						
Immediate Supervisor/Title	Telephone Nu	mber					
Dates of Employment (Month/Y	(ear)	Hourly Rate/S	Salarv				
From:	To:	Starting:		Final:			
Part-Time	те 🗆						
Reason for Leaving							
	EDUCATION/	SKILLS RE	CORD				
Please list education or specialize race, color, religion, sex, disabilit	d experience that relates to the position(s) y, or national origin.	for which you are	applying. Exc	lude names or terms	that indicate, for example,		
Circle Highest Grade Completed: 6 7 8 9 10 11 12 College: 1 2 3 4 5 Did you Graduate?YesNo							
Circle Highest Grade Complete	d: 6 / 8 9 10 11 12	College: 1 2	3 4 5 _	Diu you Grauua			
Circle Highest Grade Complete Post-High School	Name of School	From	To	Major	Degree Type		
Post-High School							
Post-High School  College/University  Graduate School	Name of School	From	То	Major	Degree Type		
Post-High School  College/University  Graduate School		From	To	Major  please check those	Degree Type		
Post-High School  College/University  Graduate School  f required by the job you hav	Name of School  e applied for, have you had training/c  Word Processing	From  ourse work or ex	To	Major  please check those	Degree Type that apply):		
Post-High School  College/University  Graduate School  If required by the job you hav  Typing  Calculator/Adding I	Name of School  e applied for, have you had training/c  Word Processing	ourse work or ex	To  perience in () a Entry y Machine	Major  please check those	Degree Type  that apply): Computer Terminal		
Post-High School  College/University  Graduate School  f required by the job you hav  Typing Calculator/Adding I	Name of School  e applied for, have you had training/c  Word Processing  Machine Fax Machine	ourse work or ex	To  perience in () a Entry y Machine	Major  please check those	Degree Type  that apply): Computer Terminal		
Post-High School  College/University  Graduate School  f required by the job you hav  Typing Calculator/Adding I	Name of School  e applied for, have you had training/c  Word Processing  Machine Fax Machine equipment you can operate or skills you	ourse work or ex  Data Cop  Du possess, which	To  perience in () a Entry by Machine th you feel wo	Major  please check those	Degree Type  that apply): Computer Terminal		
Post-High School  College/University  Graduate School  f required by the job you hav  Typing Calculator/Adding I  Please list any other types of coordinate applying:	Name of School  e applied for, have you had training/c  Word Processing  Machine Fax Machine  equipment you can operate or skills you	From  ourse work or ex  Data Cop  ou possess, which	To  perience in () a Entry  y Machine h you feel wo	Major  please check those  PC/C	Degree Type  that apply): Computer Terminal the position for which		
Post-High School  College/University  Graduate School  f required by the job you hav  Typing Calculator/Adding I  Please list any other types of e you are applying:	Name of School  e applied for, have you had training/c  Word Processing  Machine Fax Machine equipment you can operate or skills you  LICENSES AN er authorization to practice a trade or	From  ourse work or ex  Data Cop  ou possess, which	To  perience in () a Entry  y Machine h you feel wo	Major  please check those  PC/C	Degree Type  that apply): Computer Terminal the position for which		
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Post-High School  College/University  Graduate School  If required by the job you hav  Typing  Calculator/Adding It  Please list any other types of or you are applying:  If a license, certificate, or other complete the following questions.	Name of School  e applied for, have you had training/c  Word Processing  Machine Fax Machine equipment you can operate or skills you  LICENSES AN er authorization to practice a trade or	ourse work or ex  Data Cop Du possess, which	To  perience in () a Entry by Machine h you feel wo	Major  please check those  PC/C	Degree Type  that apply): Computer Terminal the position for which		

#### APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Franklin County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established. I have the right to terminate my employment at any time and Franklin County retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

SIGN HERE			
	Applicant's Signature (Use Ink)	 Date	

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.