

**WYANDOT COUNTY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**APPLICATION FOR EMPLOYMENT**

**FORM D  
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**CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE**

I \_\_\_\_\_ hereby permit \_\_\_\_\_ to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation, I understand that \_\_\_\_\_ will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this release, I hereby consent all prior employers and educational institutions to provide necessary information to this employer during the background investigation. I hereby release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good-faith furnishes written or oral references as requested by this employer to complete its background investigation.

A photocopy or facsimile of this form that shows my signature is valid as an original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

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AN EQUAL OPPORTUNITY EMPLOYER

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PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS  
CONTAINED ON THE ENTIRE APPLICATION FORM

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POSITION SOUGHT: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ARE YOU AN ADULT? YES: \_\_\_ NO: \_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

**IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE  
IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR  
CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO  
INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.**

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CURRENT EMPLOYER: \_\_\_\_\_  
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: \_\_\_ NO: \_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_

\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_

\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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**IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE  
A BLANK SHEET OF PAPER TO DO SO.**

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**EDUCATION AND TRAINING**

**THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT  
THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED,  
AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE  
APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.**

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HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ HIGH SCHOOL EQUIVALENT? \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_  
\_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ TO: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

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GRADUATE SCHOOL(S) ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
DATES OF ATTENDANCE: \_\_\_\_\_ TO: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

**PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.**

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

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**PERSONAL INFORMATION**

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES: \_\_\_ NO: \_\_\_

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

DO YOU POSSESS A VALID DRIVERS LICENSE? YES: \_\_\_ NO: \_\_\_

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: \_\_\_ NO: \_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: \_\_\_ NO: \_\_\_

ARE YOU A RESIDENT OF OHIO? YES: \_\_\_ NO: \_\_\_

If not, are you willing to become a resident upon employment? YES: \_\_\_ NO: \_\_\_

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PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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**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 THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.**

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1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer 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.

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

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 and be on call and work mandatory overtime hours.

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

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3. I understand and accept that if any information required 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 employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.  
Initials: \_\_\_\_\_
4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's 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. Initials: \_\_\_\_\_
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. Initials: \_\_\_\_\_

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.

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

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)