Huron County

DEPARTMENT OF JOB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857 • www.huroncountydjfs.org
419-668-8126 or 1-800-668-5175 • Fax 419-668-4738

HURON COUNTY
APPLICATION FOR EMPLOYMENT WITH HCDJFS

Huron County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, age, gender, marital status, national origin, disability, veteran status, or any other protected status. An applicant requiring accommodation to the application and/or interview process should notify the Human Resources Department.

The content of this application or a portion thereof may be a public record subject to disclosure upon request.

PERSONAL

Position(s) sought: _____

Date of application: _____

Name: _____
Last First M.I.

Former names used: _____

Mailing address: _____

Home address (if different than mailing address): _____

City, State, Zip _____

Home phone:_____Other phone: _____

Email: _____

Best time to contact you at home:_____a.m./p.m.

Have you ever submitted an application to Huron County? Yes____no____If yes, when? _____

Have you ever been employed by Huron County? Yes_____No_____If yes, when? _____

Are you legally eligible for employment in the United States? Yes_____No _____

(If offered employment, you will be required to provide documentation to verify eligibility.)

If you are under 18, can you furnish a work permit? Yes_____No _____

Do you hold a current State of Ohio driver's license? Yes_____No_____If yes, state of issuance & license number: _____

Do you hold a CDL? Yes_____No _____

Do you have and maintain the required insurance to drive in the state of Ohio? Yes_____No _____

Are you able to meet all of the attendance requirements of this position? Yes_____No _____

Are you able to work overtime if necessary? Yes_____No _____

Will you travel if the position requires it? Yes_____No _____

Do you have any friends or relatives currently employed by Huron County? Yes_____No _____

If yes, who and with what department are they employed? _____
_____

What is your desired salary range or rate of pay? $_____per _____

Date of availability to start work: _____

Type of employment desired: Full-time_____Part-time_____Seasonal _____

Are you Fluent in any language other than English? ____yes ____no

Speak? ____ Write? ____ Read? ____

Have you ever had an open case with any Child Welfare Agency in Ohio or any other state?

____yes ____no

EMPLOYMENT HISTORY

List all employment history and other work experience within the past ten years, beginning with your current employer. Include military experience. Use additional paper if necessary. Failure to include all employment history may be grounds for disqualification. Please explain any gaps in employment on the back side of this page.

Have you ever been fired or asked to resign from any previous employment? Yes_____No _____
If yes, please explain: _____
_____

May we contact your current employer? Yes_____No _____

Current Employer Name & Address	**Position title/duties, skills:**	**Start Date**	**End Date**
		Reason for leaving:	
Pay: $			
Per:	**Supervisor:** **Phone:**		
Employer Name & Address	**Position title/duties, skills:**	**Start Date**	**End Date**
		Reason for leaving:	
Pay: $			
Per:	**Supervisor:** **Phone:**		
Employer Name & Address	**Position title/duties, skills:**	**Start Date**	**End Date**
		Reason for leaving:	
Pay: $			
Per	**Supervisor:** **Phone:**		
Employer Name & Address	**Position title/duties, skills:**	**Start Date**	**End Date**
		Reason for leaving:	
Pay: $			
Per	**Supervisor:** **Phone:**		
Employer Name & Address	**Position title/duties, skills:**	**Start Date**	**End Date**
		Reason for leaving:	
Pay: $			
Per	**Supervisor:** **Phone:**		

MILITARY

Are you a veteran? Yes_____No_____Date of discharge _____

Duty/specialized training: _____

EDUCATION AND TRAINING

	Name of School – City located	Yrs. Completed	Field of Study	Diploma/Degree
High School:				
College/University:				
Business/Technical:				
Additional Training:				

SKILLS AND QUALIFICATIONS

List special skills, abilities, or honors that should be considered: _____

_____

List equipment, hardware, software, etc. that you are qualified to operate or repair: _____

_____

List professional licenses, certifications, or registrations you hold: _____

_____

Are you willing to attain any licenses that may be required? Yes_____No _____

List additional skills, including supervision, other languages, or information concerning your qualification:

_____

_____

ADDITIONAL INFORMATION

Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, reserve National Guard or any other similarly protected status.

_____

_____

_____

_____

REFERENCES

Please provide a combination of three professional and/or personal references.

Professional	Personal
Name:	Name:
Address:	Address:
Phone: ( )	Phone: ( )
Email:	Email:
Name:	Name:
Address:	Address:
Phone: ( )	Phone: ( )
Email:	Email:
Name:	Name:
Address:	Address:
Phone: ( )	Phone: ( )
Email:	Email:

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, and I authorize Huron County to verify their accuracy and to obtain reference information on my work performance. I hereby release Huron County from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that any offer of employment may be contingent on my passing a medical and/or psychological examination and drug and alcohol testing. I understand that, if employed in a safety-sensitive position, I may be required also to submit to random, post-accident, and reasonable-suspicion drug and alcohol testing.

I understand that, given the services provided by Huron County and the responsibilities undertaken on behalf of its citizens, I may be required to work weekends, evening hours, or at other times determined necessary by my Appointing Authority, including mandatory overtime hours. I may also be required to be on-call. I understand that overtime and on-call hours will be compensated in accordance with state and federal laws, Huron County policies and procedures, and applicable collective bargaining agreements.

I understand that if an offer of employment is extended to me and accepted by me, I will fully adhere to the policies, rules, and regulations set forth by Huron County and/or my Appointing Authority. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an employment contract, implied or otherwise. I understand that, if employed in an unclassified position, my employment is at will and may be terminated by me or my employer with or without cause.

I further understand that Huron County jobs may require post-offer applicants to undergo a criminal background check as a contingent of employment. I release Huron County from all liability and claim of damages, along with any agency, firm, organization, or individual providing requested information to the County. It is understood that all personal information compiled as a result of this release will be used for the exclusive purpose of evaluating my candidacy for employment with Huron County.

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 offer of employment or termination following employment. I recognize that my future employment with Huron County will be jeopardized if I engage in substance abuse, including drugs and alcohol, or am convicted of a felony.

I understand and agree to all of the information presented in this *Applicant's Agreement and Certification.*

DO NOT SIGN UNTIL YOU HAVE READ THE STATEMENT ABOVE

_____ _____

Applicant's Signature Date

PLEASE INCLUDE A COPY OF YOUR RESUME WITH THIS APPLICATION

APPLICANT BACKGROUND INVESTIGATION

I understand that certain positions within Huron County require that an individual's past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions individuals selected for hire will undergo a background check with possibly local, state and federal law enforcement agencies. I also understand that I may be requested to submit to fingerprinting as part of the background investigation.

I authorize release of any police record information in my name, to Huron County and/or an appropriate Huron County Appointing Authority.

Name (printed):

Last_____Middle_____First _____

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

_____

List any counties and states in which you have lived and/or worked during the previous five (5) years (printed):

_____

Social Security Number: _____

Signature: _____

REPORT

_____

_____

_____

_____

_____

_____

_____

Official:_____Date: _____

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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: Huron County Human Resources

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To Whom It May Concern:

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

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Driver's license number: _____

State of issuance: _____

Signature of Applicant: _____

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

Print Application Email Application