



## LICENSES, REGISTRATION, AND CERTIFICATES

**Be sure to include any valid driver license or commercial driver license if required for the job title.**

License/Certification Issued By	Field/Trade/Specialization	License/Certificate Number	Expires

## EDUCATION

High School Graduate?  No  Yes

Name and Location of High School (City & State) \_\_\_\_\_

GED Certificate Number \_\_\_\_\_ GED Issued By \_\_\_\_\_

Are you currently attending school (for College Intern and Student Help positions)?  No  Yes Level: \_\_\_\_\_

## POST-HIGH SCHOOL EDUCATION

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITIES

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATE

Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may **not** be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

## TRAINING AND OTHER QUALIFICATIONS

*(Do not include coursework already described above)*

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: \_\_\_\_\_

List special clerical skills, including typing and shorthand: \_\_\_\_\_ Typing Speed \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

## EXPERIENCE

In the areas below, please list your past experience **beginning with your most recent employment**. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume *in addition to* completing this section.

**IF YOU NEED ADDITIONAL SPACE, ATTACH EXTRA COPIES OF THIS PAGE.**

Employer _____ Phone ( _____ ) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____	From _____ / _____ / _____ Month Day Year To _____ / _____ / _____ Month Day Year Salary _____ Supervisor's Name and Title _____ _____
Employer _____ Phone ( _____ ) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____	From _____ / _____ / _____ Month Day Year To _____ / _____ / _____ Month Day Year Salary _____ Supervisor's Name and Title _____ _____
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**SOCIAL SECURITY NUMBER NOTICE**

Social Security Numbers (SSNs) are used to match individuals with their application/examination file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee information.

**CERTIFICATION**

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Medina County Health Department, or its agents, to verify their accuracy and to obtain reference information on my work performance. I hereby release the Medina County Health Department, from any/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 this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information to the Medina County Health Department. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Medina County Health Department. I further understand this decision rests solely with the Board of Health.

If employed, I agree to hold in strictest confidence any information concerning the Medina County Health Department, its Insureds, and its Agents that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Medina County Health Department, and understand that my employment and compensation can be terminated, with or without notice, at any time, at their option or myself. I understand that completion of this Employment Application does not guarantee employment.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any facts or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that a criminal records background check will be performed and that I may be required to successfully complete a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Employment Application, I hereby consent to either or both of said tests.

**Medina County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.**

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWER'S NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY**

- APPROVED
- DISAPPROVED    EDUCATION    EXPERIENCE    LATE    INCOMPLETE    OTHER \_\_\_\_\_

START DATE: \_\_\_\_\_ STARTING RATE: \_\_\_\_\_ PCN #: \_\_\_\_\_ FUND NUMBER: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_