

# Brown County Dept. of Public Safety

## EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

### GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

Position applying for: \_\_\_\_\_

Can you perform the essential functions of the position for which you have applied? ☐ Yes ☐ No

If no, please explain:

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

### COMPLETE YOUR RESPONSE TO EACH QUESTION

Are you interested in FULL-TIME PERMANENT work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in PART-TIME work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in TEMPORARY work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in INTERMITTENT work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in SUMMER work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you authorized to work in the U. S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date Available to start work? \_\_\_\_\_

### THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

Have you ever been or are you currently employed in the State or County Services in Ohio? ☐ Yes ☐ No

Do you have a valid Ohio Driver's License, or are you willing to obtain one? ☐ Yes ☐ No

If Yes, State \_\_\_\_\_ Year of Expiration \_\_\_\_\_

If necessary, can you supply your own transportation for work use? ☐ Yes ☐ No

Have you had your Driver's License suspended or revoked? ☐ Yes ☐ No

**DO NOT WRITE BELOW THIS LINE FOR ADMINISTRATIVE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## EXPERIENCE

### PRESENT OR MOST RECENT JOB:

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_\_ yr. \_\_\_\_ TO: mo. \_\_\_\_ yr. \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

### NEXT MOST RECENT JOB:

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_\_ yr. \_\_\_\_ TO: mo. \_\_\_\_ yr. \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_\_ yr. \_\_\_\_ TO: mo. \_\_\_\_ yr. \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_\_ yr. \_\_\_\_ TO: mo. \_\_\_\_ yr. \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_\_ yr. \_\_\_\_ TO: mo. \_\_\_\_ yr. \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

## References Other Than Former Employers and Relatives

Name Number	Address, City, State, Zip	Phone
1.		
2.		
3.		

## EDUCATION

Did you receive a High School Diploma or GED? ☐ Yes ☐ No If no, highest grade completed \_\_\_\_

Name and address of last school, college or university attended

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College/University:	Sem Hrs	Qtr Hrs	Major	Type of Degree	Degree Awarded?
					Yes No
					Yes No
					Yes No
Business/Vocational School:	Course of Study		No. of Weeks	No. Hrs. Week	Completed?
					Yes No
					Yes No

## PROFESSIONAL LICENSES, CERTIFICATIONS AND REGISTRATIONS

Type (s)	License/ Registration #	Expiration Date	Licensed to practice in Ohio
			Yes No
			Yes No
			Yes No

## ADDITIONAL QUALIFICATIONS

Outline briefly any other skills or experience that may be helpful to us in considering your qualifications. Please include volunteer and other community activities:

Please circle all of the Microsoft software programs you have used:	
Access	Excel
Front Page	Outlook
Power Point	Publisher
Word	
List any other software programs or special machinery and equipment:	

<b>MISCELLANEOUS</b>
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**Emergency Information**

Please list a contact person in case of an emergency.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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**Previous Addresses**

In the areas below, please list your TWO MOST RECENT PREVIOUS HOME ADDRESSES WITHIN THE LAST SEVEN YEARS, with the date of residences for each previous address.

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE
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I certify all information given by me in this application is true and complete. I authorize Brown County to verify the information provided and realize that false information (misrepresentation or omission of information called for) is a basis for disqualification or dismissal. I authorize Brown County to contact educational institutions and current and previous employers. I further authorize current and former employers to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information. I understand that information provided by me on this document may also be compared with information contained in records maintained by Brown County concerning myself for the purpose of determining my suitability for employment with Brown County.

**Sign here:** \_\_\_\_\_**Date:** \_\_\_\_\_**Print full name:** \_\_\_\_\_**Social Security Number:** \_\_\_\_\_

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**Form for Authority to Release Information**

To Whom It May Concern:

I, \_\_\_\_\_, am applying for a position with the **Brown County Communication Center** and grant said agency permission to obtain information concerning me from schools, employers, criminal justice agencies for individuals relating to my activities as requested. This information is to include but not be limited to, academic achievement, work performance, attendance, disciplinary action, conviction records and cause for my leaving any employment.

As this information is to be furnished at my request and for my benefit, I hereby release any such person/entity from any and all liability of whatsoever nature for furnishing such information and release **Brown County Commissioners or their designate** from any and all liability whatsoever for its use of such information.

**Signature (full name):** \_\_\_\_\_**Print full name:** \_\_\_\_\_**Other names used:** \_\_\_\_\_

(Maiden name, married name, nicknames, etc.)

**Social Security Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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I, \_\_\_\_\_, also understand that any offer of employment is subject to completing a successful background and drug test. These tests will be performed at the County's expense, at a location provided, once the interview process has finished.

**Signature (full name):** \_\_\_\_\_

**Print full name:** \_\_\_\_\_

**EMPLOYEE CONSENT TO PROCUREMENT OF  
MOTOR VEHICLE REPORT**

The undersigned hereby authorizes the **Brown County Commissioners, their designate,** or the **John Wood Insurance Agency,** to obtain a copy of a motor vehicle report received through the Ohio Bureau of Motor Vehicles. This report will be obtained for employment purposes only, for the use of rating and/or underwriting insurance for which the above named employer may apply. I do hereby authorize the use of this information in order to obtain a motor vehicle report.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_