



## APPLICATION FOR EMPLOYMENT WITH SANDUSKY COUNTY

FOR OFFICIAL USE ONLY

**INSTRUCTIONS:** Please fill out this employment application form completely and accurately. Please print or type in a legible manner. Failure to complete certain portions of this form may result in disqualification.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**APPLICATIONS ARE FILED ACCORDING TO SPECIFIC JOB OPPORTUNITIES POSTED. SANDUSKY COUNTY DOES NOT ACCEPT OR MAINTAIN ON FILE UNSOLICITED APPLICATIONS.**

**SANDUSKY COUNTY** is an equal opportunity employer and selects the best matched individual for any job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

**I UNDERSTAND AND AGREE THAT:**

1. Any misrepresentation or deliberate omission of a fact in my application (and attached resume, if any may be justification for refusal of, or if employed, termination from employment.
2. It is my understand that **SANDUSKY COUNTY** will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews, I authorize such investigation and the giving and receiving of any information requested by **SANDUSKY COUNTY** and I release from liability any person giving or receiving any such lawful information. I understand the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired.
3. If offered a position, I agree to authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job for which I am being considered, prior to employment or in the future during my employment with **SANDUSKY COUNTY**.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I acknowledge this is an application for employment and that no employment contract is being offered. I have read and understand the above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I FURTHER UNDERSTAND AND AGREE THAT:**

1. I hereby consent to have my fingerprints taken and placed on file.
2. As a condition of employment, and a condition of continued employment after hire, I consent to drug testing, if requested by the Employer. I understand that reports of the testing will be shared with Sandusky County Department of Developmental Disabilities and the County Human Resources Department. I understand that all evaluations and resulting reports are the property of Sandusky County, and that I will not have access to the evaluation data, nor any reports. Failure to comply with any tests requested could result in my dismissal.

I have read and understand the above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Specify the name of the advertised position you are applying for:

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

How did you find out about this position? (please check one or more)

- ☐ Sandusky County Human Resources
- ☐ Posting on Sandusky County Bulletin Board
- ☐ Newspaper (name of publication) \_\_\_\_\_
- ☐ Internet (name of site) \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Please check shift preference: ☐ Days ☐ Afternoons ☐ Nights ☐ No Preference

What is your minimum salary requirement? \_\_\_\_\_

What is the earliest date you will be able to accept employment / volunteer? \_\_\_\_\_

Do you meet the minimum qualifications and can you perform the job duties related to the specific job for which you are applying? ☐ Yes ☐ No

Do you have any commitments to anyone which might affect immediate employment with this organization? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

1. Are you under 18 years of age? ☐ Yes ☐ No
2. Are you a citizen of the United States? ☐ Yes ☐ No
- If not, can you legally work in the United States? ☐ Yes ☐ No
3. Have you ever been convicted of a criminal offense? ☐ Yes ☐ No  
Note: A criminal conviction will not necessarily bar an applicant from employment. Other factors such as age at the time of the offense, seriousness and nature of the act, and rehabilitation will be considered.
4. Have you ever filed an application for employment with Sandusky County? ☐ Yes ☐ No
- If yes, were you ever interviewed for employment? ☐ Yes ☐ No
5. Have you ever been employed by the State of Ohio or any of it's political subdivisions such as Cities, Villages, Townships, Counties, Fire Districts, etc.? ☐ Yes ☐ No
6. Have you ever been employed by this organization? ☐ Yes ☐ No
7. Do you have a relative who is currently employed by Sandusky County? ☐ Yes ☐ No
8. Have you ever received notification that you are included on the Department of Health and Human Services List of Excluded Individuals/Entities or the Dept. of Job and Family Services Medicaid Provider Exclusions list? ☐ Yes ☐ No

**If you have answered yes to questions 3,4,5,6,7 and/or 8, please explain:**

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## EDUCATIONAL EXPERIENCE AND TRAINING

Name, City and State of Each School	Type of Course or Major	Graduated / Degree
HIGH SCHOOL		
TRADE		
VOCATIONAL		
COLLEGE		
GRADUATE		
OTHER		

Please describe any coursework or technical training you have received which will better enable you to perform the job for which you are applying. Include any licenses or certification you have obtained that will relate to your work.

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If you have received any other training not mentioned above, please describe. Include any equipment or instruments you can operate, any foreign language skills, or any other skills you possess which better indicate your ability to perform the job for which you are applying.

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## EMPLOYMENT HISTORY

**Note: A resume may not be used as a substitute for completing this area.**

Please describe your employment history (Including military service). Begin with your most recent or present employer.

**Present or most recent job:**

1. Company or Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

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**EMPLOYMENT HISTORY cont.****Next most recent job:**

2. Company or Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

3. Company or Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

**EMPLOYMENT HISTORY cont.**

4. Company or Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Personnel Director's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary / Rate of Pay: \_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities, equipment operated, instruments used, etc.

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**REFERENCES:** Please list the name and address of three individuals, other than friends and relatives, whom we may contact for a professional reference:1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_3. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

I do hereby give permission to the Sandusky County Board of Developmental Disabilities/Sandusky County Human Resource Office to seek information concerning any employment experience. I have been employed by the employers listed on my job application and give the following permission to release any job related information requested by Sandusky County in order to determine whether I am suited for employment by them.

**EMPLOYERS AUTHORIZED TO RELEASE INFORMATION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I understand the Sandusky County Board of Developmental Disabilities/Sandusky County Human Resource Office will verify information obtained from my job application, resume and other related documents. It is my understanding that Sandusky County may make a thorough investigation of my entire employment history and I release from liability any person giving or receiving any such lawful information.

I have read and understand the authorization granted above and agree to the same as a condition of my prospective employment.

Applicant's Signature: \_\_\_\_\_

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

Note: Former employer will be receiving a copy of the signed authorization, if requested. The original authorization will be retained in the applicant's records for future use.

*APPLICANT BACKGROUND INVESTIGATION*

Certain positions with Sandusky County require that an individuals past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions with the Sandusky County Commissioners / Sandusky County Appointing Authority, individuals selected for hire will undergo a background check with a local law-enforcement agency. Failure to complete this waiver will result in disqualification for employment with Sandusky County.

I further understand if applying for a position with the Sandusky County Board of Developmental Disabilities, individuals selected for hire will undergo a background check with law-enforcement agencies at federal and/or state level as well as local. Applicants may also be asked to provide a set of fingerprint impressions.

I authorize release of any police record information in my name, to the Sandusky County Human Resource Office / Sandusky County Board of Developmental Disabilities.

Name: \_\_\_\_\_  
(Please Print) Last Middle First

**List any other NAMES you have used during the previous five (5) years:**

\_\_\_\_\_  
(Please Print)

**List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:**

\_\_\_\_\_  
(Please Print)

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

Signature: \_\_\_\_\_

**REPORT**

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

OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_



# SANDUSKY COUNTY

**C**ommissioners, **H**uman **R**esources, **R**isk **M**anagement



**Board of Commissioners:**

*Matt Damschroder*

*Dan Polter*

*Terry Thatcher*

**County Administrator:**

*countyadministrator@co.sandusky.oh.us*

## 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: Sandusky County Human Resources**

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To Whom It May Concern:

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

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

State License Issued In: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

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

(BLANK)

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

PLEASE COMPLETE AND SUBMIT THIS FORM WITH YOUR APPLICATION FORM.  
COMPLETION OF ANY OF THE INFORMATION ON THIS FORM IS **OPTIONAL**.

The information requested on this form is voluntary and will be used solely and exclusively for the purpose of EEO compliance and reporting information concerning applicants and appointees to State and Federal Civil Rights Agencies in conformance with national and state laws, rules and guidelines. SANDUSKY COUNTY is required to keep this form separate from all applications upon completion.

Classification / job for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_ ☐ Male ☐ Female

CHECK ONE:

- A. ☐ White      Persons having origin in any of the original people of Europe, North Africa or the middle East.
- B. ☐ Black      People having origin in any of the Black racial groups.
- C. ☐ Hispanic      Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- D. ☐ American Indian or Alaskan      Persons having origin in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- E. ☐ Asian / Pacific Islander      Persons having origin in any of the original peoples of the Far East, South east Asia, Indian Subcontinent or Pacific Island.
- F. ☐ Handicap      Individual with physical condition that limits his/her ability to attain employment.
- G. ☐ Veteran      Honorable service with one of the armed services.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: The form and content of this form were derived in compliance with Ohio Civil Rights Commission R4112-5-04 which permits employers to gather and compile the information contained above.

(blank)

**SANDUSKY COUNTY BOARD OF  
DEVELOPMENTAL DISABILITIES**

**EMPLOYMENT APPLICATION**  
**ADDENDUM**

**CREDENTIALS**

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

For many positions, state certification, licensure or registration requirements MUST be met. If you have current credentials, be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position(s) for which you have applied.

Have you ever held an Ohio Department of Education Certification? ☐ Yes ☐ No

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever held an Ohio Department of DD certification or registration? ☐ Yes ☐ No

Type \_\_\_\_\_ Validation \_\_\_\_\_ Grade \_\_\_\_\_ Expiration date \_\_\_\_\_

Type \_\_\_\_\_ Validation \_\_\_\_\_ Grade \_\_\_\_\_ Expiration date \_\_\_\_\_

Type \_\_\_\_\_ Validation \_\_\_\_\_ Grade \_\_\_\_\_ Expiration date \_\_\_\_\_

Please list other certificates, registrations or licenses you have. (Include Commercial Driver License (CDL) information.)

Have you ever had a certificate, license or registration revoked or suspended? ☐ Yes ☐ No If yes, please explain

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(blank)

**SANDUSKY COUNTY BOARD OF  
DEVELOPMENTAL DISABILITIES**

**REFERENCE CHECK FOR EMPLOYMENT**

REFERENCE RELEASE: I, (print name) \_\_\_\_\_ ,  
authorize the release of the information requested below. I further agree to release all parties from any liability that  
could potentially arise from the release of this information.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ATTENTION APPLICANT – DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE**

1. How long and under what conditions have you known this person? \_\_\_\_\_

2. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work					
Quantity of work					
Decision making skills					
Teamwork/Cooperation					
Remains on task with minimal supervision					
Communications (verbal and written)					
Attendance/Tardiness					

3. If separated from your firm, what was the reason? \_\_\_\_\_

4. If the opportunity existed, would you re-hire this individual? \_\_\_\_ Yes \_\_\_\_ No  
If No, please explain: \_\_\_\_\_

5. Other comments you feel we should consider prior to recommending this applicant for employment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Releasing Above Reference: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return to: ***Michelle Snyder, Human Resource Specialist*** (Name of Person Checking Reference)

Please fax completed form to (419)332-9571 Email: ***msnyder@scbdd.org***

Or mail in enclosed envelope – Thank you

(blank)



**SANDUSKY COUNTY BOARD OF  
DEVELOPMENTAL DISABILITIES**

**REFERENCE CHECK FOR EMPLOYMENT**

REFERENCE RELEASE: I, (print name) \_\_\_\_\_ ,  
authorize the release of the information requested below. I further agree to release all parties from any liability that  
could potentially arise from the release of this information.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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If No, please explain: \_\_\_\_\_

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

Signature of Person Releasing Above Reference: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return to: ***Michelle Snyder, Human Resource Specialist*** (Name of Person Checking Reference)

Please fax completed form to (419)332-9571 Email: ***msnyder@scbdd.org***

Or mail in enclosed envelope – Thank you

(blank)

**SANDUSKY COUNTY BOARD OF  
DEVELOPMENTAL DISABILITIES****REFERENCE CHECK FOR EMPLOYMENT**

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could potentially arise from the release of this information.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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If No, please explain: \_\_\_\_\_

5. Other comments you feel we should consider prior to recommending this applicant for employment?

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

Signature of Person Releasing Above Reference: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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