



FRANKLIN COUNTY VETERANS SERVICE COMMISSION

280 E BROAD ST RM 100
COLUMBUS OH 43215
614-525-2500

EMPLOYMENT APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

SOCIAL SECURITY NO. _____

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (W/AREA CODE) _____

(OPTIONAL) WORK NUMBER (W/AREA CODE) _____

ARE YOU INTERESTED IN:

FULL-TIME PERMANENT WORK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TEMPORARY WORK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PART-TIME PERMANENT WORK?	<input type="checkbox"/>	<input type="checkbox"/>	SUMMER WORK?	<input type="checkbox"/>	<input type="checkbox"/>

POSITION FOR WHICH YOU ARE APPLYING: _____
(YOU MUST SPECIFY A POSITION)

HAVE YOU EVER BEEN EMPLOYED BY FRANKLIN COUNTY: YES _____ NO _____ IF YES, PLEASE GIVE DATES OF EMPLOYMENT, POSITION(S) HELD, AND STATE YOUR NAME WHILE EMPLOYED IF DIFFERENT FROM ABOVE: _____

EDUCATION

NAME AND ADDRESS
OF SCHOOL

COURSE WORK

DEGREE

HIGH SCHOOL			
COLLEGE (UNDERGRDUATE)			
COLLEGE (GRADUATE)			
OTHER			

TRAINING AND OTHER QUALIFICATIONS

If applying for a clerical position: TYPING SPEED: _____ SHORTHAND SPEED: _____

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as part of your education as previously described).

Type of Training Organization Length of Training Subject(s) Covered

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE

In the areas below, please list past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets, if necessary. Volunteer work may also be included as employment.

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ 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 and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

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Reason for leaving _____

Position (job title and classification) _____ 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 and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

MISCELLANEOUS

IF HIRED, WILL YOU BE ABLE TO WORK DURING THE NORMAL DAYS AND HOURS REQUIRED FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING? YES _____ NO _____ IF NO, PLEASE EXPLAIN: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH THE COUNTY? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES?
YES _____ NO _____

DO YOU UNDERSTAND THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? YES _____ NO _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?
YES _____ NO _____ IF NO, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES _____ NO _____ NOTE: A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN FULLY:

REFERENCES

PLEASE LIST THE NAMES AND ADDRESSES OF THREE INDIVIDUALS, OTHER THAN RELATIVES, WHOM WE MAY CONTACT FOR A PROFESSIONAL RECOMMENDATION. (E.G. PAST OR PRESENT EMPLOYERS, SUPERVISORS, ETC.)

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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EMERGENCY INFORMATION

PERSON(S) TO NOTIFY IN AN EMERGENCY:

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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STATUTE OF LIMITATIONS WAIVER EMPLOYMENT APPLICATION ACKNOWLEDGEMENT

READ CAREFULLY BEFORE SIGNING: In consideration of Franklin County Veterans Service Commission’s review of my application, I agree that any claim or lawsuit arising out of my application for employment with, my employment with or subsequent separation from the Franklin County Veterans Service Commission (with the exception of grievances under a collective bargaining agreement that applies to the employee) must be filed no more than one hundred and eighty (180) calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than one hundred and eighty (180) calendar days, I agree to be bound by the one hundred and eighty (180) calendar day period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determined in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

I consent to a release of information by present or former employers, schools, law enforcement agencies, and other individuals and organizations, as needed by the Commissioners to lawfully assess my ability to perform the job for which I am applying.

SIGNATURE OF APPLICANT

DATE

Hiring decisions and all employment decisions are made without regard to race, color, religion, sex, national origin, handicap, disability, age or ancestry.

AN EQUAL OPPORTUNITY EMPLOYER