



## Erie County Board of Commissioners Application Information

Only *solicited* applications will be accepted. Please read the following information before completing our applications.

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1. There is no guarantee of a job offer or job interview by completing our employment application. Your application will be considered with others who have submitted applications for the same job opportunity, and decisions about interviews will be based on this comparison.
2. Our application form must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.
4. We do not accept or maintain on file *unsolicited* applications. Applications are filed according to specific job opportunities.
5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. By completing our employment application, you may be subject to the following checks:
  - a. Employment reference checks from previous employer and from current employer should a job offer be made.
  - b. Criminal record check.
  - c. Drug screen and/or pre-placement physical examination
  - d. Abstract driving record
  - e. Personal references
  - f. Educational degrees.

Applications may be returned in person to the Erie County Human Resources Office, by mail to the Erie County Department of Human Resources, 2900 Columbus Avenue, Sandusky, Ohio 44870 or by fax to (419) 627-7599. Applications are also accepted at Your Job Store, 5500 Milan Road, Sandusky (operating hours Monday-Friday, 8:00 a.m.-8:00 p.m. and Saturday, 10:00 a.m.-2:00 p.m.)

We welcome telephone inquiries from the public at (419) 627-7678 during normal working hours, Monday through Friday, 8:00 a.m. to 4:30 p.m. The Human Resources staff will verify current job postings, salary, the department for which the position is posted, and the date the position closes.

Thank you for your interest in employment with Erie County.



**EMPLOYMENT HISTORY**

Provide your work experience starting with your present or last job. Include any job-related military service assignments and volunteer activities. *Exclude organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.*

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:**

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

Have you ever been fired or asked to resign from a job? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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

**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree Obtained
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

**RELATED INFORMATION:** To what job related organizations (professional, trade, etc.) do you belong?  
 Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

Please explain why you would like to be considered for employment with Erie County. Use additional sheets if needed.

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**REFERENCES:** Please provide at least 3 references who are not related to you. Use additional sheets if necessary.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

***Have you been provided with a written job description for the position which you are applying?***

Yes

No

***Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential duties, responsibilities, and functions of the job for which you have applied?***

Yes

No

**APPLICANT STATEMENT AND SIGNATURE (Signature Required for Application to be Complete):**

I certify that all information I have provided in order to apply for and obtain employment with Erie County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Erie County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. In addition, I give Erie County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Erie County in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, Erie County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Erie County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Erie County is of an "at will" nature, which means that I am free to resign at any time and Erie County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Erie County at any time. I understand that no representative of Erie County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I understand that a new application must be completed for any future job postings or employment opportunities with Erie County.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of Applicant (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS BOX FOR OFFICE USE ONLY:**

INTERVIEW: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Pre-Emp Testing: Background: \_\_\_\_\_ Physical: \_\_\_\_\_ Drug Screen: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ WAGE: \_\_\_\_\_

**Received:**

*Time Stamp*

# Affirmative Action Voluntary Information

COMPLETION OF THIS FORM IS VOLUNTARY

PLEASE PRINT

All applicants are considered for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. ***This information is not provided to the appointing authority and is kept separate from your application.***

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Referral Source:

- Walk In                       Government Employment Agency                       Private Employment Agency  
 Employee: \_\_\_\_\_                       School  
 Relative: \_\_\_\_\_  
 Newspaper: \_\_\_\_\_  
 Other: \_\_\_\_\_

## Applicant Information

Male       Female                      Disabled?  Yes       No

Veteran?  No       Yes:       Vietnam Veteran       Special Disabled Veteran       Other Eligible Veteran

### **Please Check One of the Following Equal Employment Opportunity Identification Groups:**

- Hispanic or Latino  
 White (not Hispanic or Latino)  
 Black or African American (not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander  
 Asian (not Hispanic or Latino)  
 American Indian or Alaska Native (not Hispanic or Latino)  
 Two or more races (not Hispanic or Latino) - all persons who identify with more than one of the above

## For Administrative Use Only      OCRC Job Classifications:

- Officials / Administrators       Professional                       Technicians                       Protective Service  
 Para Professional                       Administrative Support                       Skilled Craft                       Service / Maintenance

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Erie County Department of Human Resources**

2900 Columbus Avenue  
Sandusky, OH 44870

Phone 419-627-7678  
Fax 419-627-7599

This supplemental form **must** be completed and returned with your application. This will ensure your application is valid and will be considered for this employment opportunity.

Did you answer all questions appropriately in legible handwriting (in ink) or typewritten? A resume may be included with the application if you wish but the application must be completed in its entirety. Responding with "see resume" is not acceptable.

Are you related to anyone employed by Erie County? Yes            No  
If yes, state Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Department \_\_\_\_\_

If applying for an RN or LPN position, please list your State of Ohio RN or LPN license number here: \_\_\_\_\_

If required for the position for which you are applying, do you have a valid commercial driver's license (CDL)? Yes            No  
If yes, CDL# \_\_\_\_\_ What class? \_\_\_\_\_  
Endorsements? \_\_\_\_\_

Effective 7/1/94 by the Board of Erie County Commissioners, all applicants offered a position with the Board of Erie County Commissioners will have a physical medical examination including drug screen after the conditional offer of employment but before final acceptance as an employee of the board.

Did you sign and date the application?

**Authorization to Conduct Background Investigations**

I, \_\_\_\_\_, hereby authorize the County of Erie, or its agents/employees, to conduct a background investigation or records check through its own or third party means. I hereby authorize release of information which may impact the decision on my future employment with Erie County. I understand that if an adverse employment decision is made based upon the information obtained through a third party investigation or records check, I am entitled to a copy of the report upon which the adverse employment decision was made. This authorization for release of information is applicable for one (1) year after the date of my initial application or re-application for a position with Erie County, Ohio.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date