

EOE Statement

Portage County is an Equal Opportunity Employer. Applicants requiring reasonable accommodation with the application or interview process, please notify the person from whom you obtained this application. All applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, medical condition, disability, veteran, reserve, or national guard status, genetic information or any other legally protected status.

		Personal Information
Candidate:		Date Created:
		Date of Application:
Position:		Application Method:
Location:		Referral Source:
Main Phone:		Alternate Phone:
Address:		
Email Address:		
		Comp Overations
		Core Questions
Please enter the Website, etc.):	name o	f the specific source where you learned about this position (i.e. indeed, County
website, etc.).		
Are you authoriz	red to w	ork in the United States?
Are you authoriz	eu to w	ork in the officed states:
Have you ever b	oon omi	bloyed by a Government Agency in the State of Ohio? If yes, please provide the dates
		he agency and the job title.
·		
Do you have rela	atives ei	mployed by Portage County? If yes, please provide name(s) and relationship to you.
Please provide y number).	our vali	d driver's license information below (including the state of origin and driver license
		Education
Institution:		Institution Type:
Location:		Start Date:
Degree:		
Major:		
Notes:		
		Employment History
Employer:		
Phone:		

Job Title:



Employment History contin	nued									
Duties:										
Reason for Leavir	ng:									
Dates of Employn	nent:	From:		То:						
Supervisor:										
May we contact?										
Employer:										
Phone:										
Job Title:										
Duties:										
Reason for Leavir	ng:						1			
Dates of Employn	nent:	From:		То:						
Supervisor:										
May we contact?										
Employer:										
Phone:										
Job Title:										
Duties:										
Reason for Leavir	ng:									
Dates of Employn	nent:	From:		То:						
Supervisor:										
May we contact?										
			U	S Milit	ary Expe	ience				
Branch of Service	١٠			O Willia	ary Exper	101100				
Rank at Discharge:							Years in	Service:		
Highest Rank Attained:							Are you			
I lightest Raille Attailled.							in the res	serves?		
Additional Informa	ation:									
				Skills	Experier	nce				
Skill:										
Last Used:			Skill Leve	el:				Years of E	xperience:	
Skill Summary:										
Skill:										
Last Used:			Skill Leve	el:				Years of E	xperience:	
Skill Summary:									-	
Skill:										
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kills Experience continued						
Last Used:	Skill Level:		Years of Expe	rience:		
Skill Summary:	-		'			
	Licenses	and Certificat	ions			
Certification Type:			Registration Number:			
Geographic Area:			Certification Date:			
Expiration Date:						
Additional:						
Certification Type:			Registration Number:			
Geographic Area:			Certification Date:			
Expiration Date:						
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Certification Type:			Registration Number:			
Geographic Area:			Certification Date:			
Expiration Date:						
Additional:						
	R	References				
Name:			Personal Reference?			
Organization:		Title:				
Phone:		Email:				
Address:						
Name:			Personal Reference?			
Organization:		Title:				
Phone:		Email:				
Address:						
Name:			Personal Reference?			
Organization:		Title:				
Phone:		Email:				
Address:						
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	Additio	onal Informatio	on			



Please read carefully before signing

Portage County complies with all federal, state and local laws that prohibit discrimination, including, but not limited to, the following: (1) The Civil Rights Act of 1964 (Title VII) which prohibits discrimination in employment because of race, color, religion, sex, national origin or ancestry; (2) The Age Discrimination in Employment Act (ADEA) of 1967 (3) The Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 which prohibit discrimination against persons with disabilities; and (4) Ohio Revised Code Chapter 4112.02.

I authorize Portage County (its officers, agents, representatives, or duly authorized employee) to make a thorough investigation of my past employment, and to verify all data given on this application. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver license, I also authorize Portage County to verify the validity of my driver license or review the states Motor Vehicle Registration Records.

I understand that an offer of employment may be contingent upon passing a drug and alcohol screening and submitting to a physical examination, if required by county policy, and I consent to the examinations and such future examinations as may be required by Portage County. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

I understand that an offer of employment may be contingent upon passing a criminal background check.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for dismissal.

By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

Print Name:		
eSignature:	Date:	