

Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

“Employer”	Position applying for
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PERSONAL DATA			
Name (last, first, middle)			
Street Address and/or Mailing Address	City	State	Zip
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION INFORMATION Check all that you are willing to work			
Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/>	Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.			
	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.			
Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature _____

Date _____



WOOD COUNTY SHERIFF'S OFFICE

MARK WASYLYSHYN
Sheriff



RODNEY KONRAD
Chief Deputy

BE ADVISED ALL FINGERPRINT RESULTS WILL BE MAILED FROM THE OHIO ATTORNEY GENERAL'S OFFICE, LONDON, OHIO. ADDITIONAL COPIES MUST BE REQUESTED FROM THEM.

(Name: Last, First, Middle)

(Address, City, State and Zip Code)

(Social Security #)

(Date of Birth)

(Phone)

TYPE OF BACKGROUND CHECK REQUESTED:

- BCI** (OHIO) I have been an Ohio resident for the last 5 years.
I further understand that \$32.00 is the charge for this service.
- FBI** (National) I am an out of state resident, or have not lived in Ohio for the past 5 years.
I further understand that \$35.00 is the charge for this service.
- BCI & FBI** Needed
I further understand that \$67.00 is the charge for this service.

* Billed to the Village of Bradner

- DIRECT COPY TO:** Ohio Dept of Education _____ Ohio Board of Nursing _____
Social Work Board _____ Ohio Pharmacy Board _____
Child Care/ODJFS _____ OTHER _____

REASON CODE FBI: _____ **REASON CODE BCI:** _____

MAILED COPY TO: Village of Bradner

Address 130 N. Main St., Po. Box 599, Bradner, OH
(Address, City, State and Zip Code) 43406

I certify that the personal identifiers on this form are accurate and I voluntarily and knowingly authorize the Wood County Sheriff's Office to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

Applicant's Signature: _____ **Date:** _____

1960 East Gypsy Lane Road • Bowling Green, Ohio 43402

Administrative Ph. 419-354-9137 • Emergency Ph. 419-354-9001 • Fax Line 419-354-9086 • Web Site • www.woodcountysheriff.com