
EDUCATIONAL HISTORY

High School: Name and Location: _____

Graduated: Yes No Certificate: _____

College: Name and Location: _____

Dates Attended: ____/____/____ to ____/____/____ Graduated: Yes No Certificate: _____

Training School: Name and Location: _____

Dates Attended: ____/____/____ to ____/____/____ Graduated: Yes No Certificate: _____

Licenses: _____

In addition to your education, are there are other skills, qualifications, or experience we should consider: _____

REFERENCES

Below, please list the names, position and telephone numbers of three individuals, other than relatives, who we may contact for professional recommendations.

1. _____
Name Position Phone
 2. _____
Name Position Phone
 3. _____
Name Position Phone
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EMERGENCY INFORMATION

In the space provided below, please provide the name, address and telephone of one person who will always know your whereabouts. This information will be used only in case of an emergency.

Name	Relationship	Phone
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CONSENT TO RELEASE RECORD INFORMATION

I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I hereby release all information relating to employment, educational, police, and medical records to Job & Family Services of Clark County. I give the employer the right to investigate all references and to secure additional job related information about me. Furthermore, I understand that I am free to resign at any time and that Job and Family Services reserves the right to terminate my employment at any time, subject to the procedures appropriate for the position or department. I understand that no one has the authority to make any assurance to the contrary.

I understand that if I am selected for employment with Job & Family Services, I may be offered a position conditionally pending a pre-employment physical and drug screening. I agree to undergo a physical examination, if required, and authorize the examining physician to render to the Human Resource Department the results of the examination. I further understand that any false statement or misrepresentation by me to the medical persons conducting the screening for Job & Family Services or on any of the medical history forms, or failure to complete or pass the screening, will be sufficient cause for cancellation of a job offer or dismissal from the County's employment if I have been employed.

I give the employer the right to investigate all references and to contact all past employers and supervisors and to secure additional information about me, if job related including, but not limited to records relating to any criminal and civil convictions during the application period of at any time during my employment. I hereby release from liability Job & Family Services and its representatives for seeing such information and all other persons or organizations for furnishing such information. I further acknowledge that this document is a public document subject to the Ohio Public Records Act.

Signature	Date of Application
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Individuals requiring special accommodation to complete this application should notify the Human Resource Department at 937.327.1851.

