

MONTGOMERY COUNTY COURT OF COMMON PLEAS PROBATE DIVISION

Alice O. McCollum
Judge

Ginger Heuker
Court Administrator
Chief Deputy
225-4625

Montgomery County Courts Building
41 N. Perry St.
P.O. Box 972
Dayton, OH 45422-2155



(937) 225-4400
Fax (937) 496-3181

Application for Employment

Print Clearly. Use Black Ink. Press Firmly and Answer All Questions.

1. Name: _____
Last First Middle

2. Address: _____
Street City County State Zip

3. Phone: _____
Home Alternative

4. Social Security Number: _____

5. For which position(s) are you applying? A: _____

B: _____ C: _____

6. When will you be available? _____

7. Are you available for: Regular, Full Time Employment: _____

Temporary Employment: _____ Seasonal Employment: _____ Intermittent Employment: _____

8. Have you worked for Montgomery County, the State of Ohio, or any political subdivision before?

Yes: _____ No: _____ If yes, when? _____ Which Department? _____

9. Do you have any relatives currently employed by Montgomery County? Yes: _____ No: _____

If yes, what department? _____

10. Are you 18 or over? Yes: _____ No: _____

11. Who shall we contact in case of emergency? _____

Address: _____ Phone _____

12. Are you capable of performing the material and substantial duties of the classification(s)/ position(s) that you are applying for with or without reasonable accommodation? Yes: ____ No: ____

13. Do you meet the minimum qualifications for the classification for which you are applying? _____

14. Have you ever been convicted of a crime for the violation of any law except minor traffic violations?

Yes: _____ No: _____ If yes, give the following information:

Date	Conviction	Place	Status

Note: Convictions are not an automatic bar to employment. Each case is considered on its own merit.

MILITARY SERVICE INFORMATION

Branch of Service: _____

Highest Rank Achieved: _____

Job Title: _____ Duties: _____

Total Length of Service Time: _____

Reserve or National Guard Status: _____

15. EMPLOYMENT HISTORY

Account for ALL TIMES for the past TEN years, including periods of unemployment. INDICATE NAME USED IF OTHER THAN SIGNATURE ON THIS APPLICATION. Begin with PRESENT position or occupation. In addition, list any other QUALIFYING experience PRIOR to the last 10 years. (If you need more room, USE A SEPARATE SHEET OF PAPER.) A RESUME is both welcomed and urged in addition to completion of this application. It will become an official part of the application, but may not be substituted for any part of this application.

A. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date from: mo: _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes: _____ No: _____

B. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date from: mo: _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes: _____ No: _____

C. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date from: mo: _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes: _____ No: _____

D. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date from: mo: _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes: _____ No: _____

16. Skills typing wpm: _____ Shorthand/Notehand wpm: _____ Computers _____

Other: _____

17. Current special licenses (i.e. attorney [JD], social worker [LSW, LPC, LPCC] etc.) :

Type: _____ State: _____ Number: _____

Type: _____ State: _____ Number: _____

18. List other special equipment operated in previous jobs: _____

19. EDUCATION

Circle the highest grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Graduated? Yes No GED? Yes No

Are you currently enrolled in school? _____ Part time: _____ Full Time: _____

Name of Institution

	Number of years completed	Did you graduate?	Course of Study	Give types of degree, credits earned, or other documents awarded.
College _____ <small>Undergraduate</small> _____ <small>City State</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ <small>Undergraduate</small> _____ <small>City State</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ <small>Undergraduate</small> _____ <small>City State</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ <small>Undergraduate</small> _____ <small>City State</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ <small>Undergraduate</small> _____ <small>City State</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

