



# MATHIAS H. HECK, JR.

## PROSECUTING ATTORNEY

### APPLICATION FOR EMPLOYMENT

Print Clearly. Use ink.

We consider applicants for all positions without regard to race, color, religion, sex (including gender identity, sexual orientation and pregnancy), national origin, age, disability, marital or veteran status, genetic information, or any other legally protected status.

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Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City County State Zip Code

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you either a U.S. Citizen or an alien authorized to work in the United States?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment.)

Are you over 18?  Yes  No

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For which position(s) or type of work are you applying? A) \_\_\_\_\_

B) \_\_\_\_\_ C) \_\_\_\_\_

When are you available for employment? \_\_\_\_\_

Are you available for:  Full time  Internship

Have you worked for Montgomery County, the State of Ohio, or a political subdivision of Ohio before?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have any relatives currently employed by Montgomery County?  Yes  No

If yes, where? \_\_\_\_\_

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# EMPLOYMENT HISTORY

Account for ALL previous employment. PLEASE INDICATE NAME USED IF OTHER THAN SIGNATURE ON THIS APPLICATION. Begin with PRESENT position or occupation. (If you need more room, USE A SEPARATE SHEET OF PAPER.) A RESUME may be submitted in addition to completion of this application. It will become an official part of the application.

1. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

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2. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

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3. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

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4. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street    City    State    Zip Code

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

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5. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street    City    State    Zip Code

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

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6. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street    City    State    Zip Code

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

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## SPECIAL SKILLS AND LICENSES

Proficient in Microsoft Office Suite (Word, Excel, etc.)? \_\_\_\_ Yes \_\_\_\_ No

Please list any formal training, special licenses and/or certifications you may think applicable to the position for which you are applying:

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## EDUCATION

Name and Address of School	Course of Study	Years Completed	Degree/Diploma

## REFERENCES

Please provide us with three references, none of whom are relatives.

Name	Company and Address	Phone Number
1.		
2.		
3.		

How did you learn of this position (website, social media, referral, other): \_\_\_\_\_

Please explain any additional knowledge, skills and abilities not previously discussed. Include projects, hobbies, community or volunteer activities, etc.

**ATTENTION:** PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS DOCUMENT!

As an applicant for employment with the Montgomery County Prosecutor's Office, I understand and agree that the Prosecutor's Office will make a thorough investigation of my past employment and activities. (This may include, but not be limited to, credit and criminal records, and past employment and activities.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I ALSO CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN OR AT ANY STEP OF THE EMPLOYMENT PROCESS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND A FALSE ANSWER MAY BE GROUNDS FOR DISMISSAL FROM EMPLOYMENT WITH THE MONTGOMERY COUNTY PROSECUTOR'S OFFICE.

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*Signature*

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*Date*

## Authorization and Release

As an applicant for employment with the Montgomery County Prosecutor's Office, I understand and agree that the Prosecutor's Office may make a thorough investigation of my credit and criminal records, and past employment and activities. I hereby release the Montgomery County Prosecutor's Office, its employees, agents, and representatives, and all others from any liability or damages which may result from the exchange of the information requested.

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Print Name

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Maiden Name

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Social Security Number

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Date of Birth

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Current Street Address

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City, State, Zip Code

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Signature

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Date