

# MONTGOMERY COUNTY

HUMAN RESOURCES  
451 West Third Street  
P.O. Box 972  
Dayton, Ohio 45422-1430  
(937) 225-4018  
FAX (937) 225-7407

## COUNTY COMMISSIONERS

Judy Dodge  
Debbie Lieberman  
Carolyn Rice

## COUNTY ADMINISTRATOR

Michael B. Colbert



## APPLICATION FOR EMPLOYMENT

Print clearly and answer all questions.

1. Name: \_\_\_\_\_  
Last First Middle
2. Address: \_\_\_\_\_  
City County State Zip
3. Telephone Number: Home \_\_\_\_\_ Alternate/Cell \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_
5. For which position, PCN, or type of work are you applying? \_\_\_\_\_
6. Have you worked for Montgomery County, the State of Ohio, or any political subdivision before?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_ Which department? \_\_\_\_\_
7. Do you have any relatives currently employed by Montgomery County? Yes No \_\_\_\_\_  
If yes, what department? \_\_\_\_\_
8. Are you 18 or over? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Whom shall we contact in case of emergency? Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
10. 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 \_\_\_\_\_
11. Do you meet the minimum qualifications for the classification for which you are applying? \_\_\_\_\_
12. MILITARY SERVICE INFORMATION  
Branch of Service: \_\_\_\_\_  
Highest Rank Achieved: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Total Length of Service: \_\_\_\_\_ Reserve or National Guard Status: \_\_\_\_\_

**13. 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: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

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B. Company Name: \_\_\_\_\_ Salary: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

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C. Company Name: \_\_\_\_\_ Salary: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

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14. Skills: typing \_\_\_\_\_ wpm \_\_\_\_\_ computer \_\_\_\_\_ other: \_\_\_\_\_

15. Current special licenses: (i.e., engineer, COL/endorsements, R.N., L.P.N., etc.)

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

16. List other special equipment or machinery operated in previous jobs:

\_\_\_\_\_

\_\_\_\_\_

17. EDUCATION

	Number of Years Completed	Did You Graduate?	Course of Study	Types of degree, credits earned, or other documents awarded.
College • _____ (undergraduate) Name ----- City State				
College • _____ (graduate) Name ----- City State				
Business/ Technical • _____ Name ----- City State				
Military/ Correspondence • _____ Name ----- City State				
High School • _____ Name ----- City State	___ HS Diploma  ___ GED			

18. Please explain any additional knowledge, skills and abilities not previously discussed which may be of a qualifying nature or helpful to you in establishing your eligibility. Include projects, hobbies, community or volunteer activities, etc.

19. NOTE: Montgomery County hires only United States citizens and aliens lawfully authorized to work in the United States. Verification of identity and work authorization will be required upon hiring as a condition of employment.

Certain classifications, because of the nature of the work, require preplacement and/or periodic physical examinations which include drug/alcohol screenings.

**ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT**

As an applicant for employment with Montgomery County, Ohio, I understand and agree that the County may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator and police record investigation.) 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 or material omissions may be grounds for dismissal from employment of Montgomery County.

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Signed

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Date