

# 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  
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## 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. 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 _____ Undergraduate City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ Undergraduate City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ Undergraduate City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ Undergraduate City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ Undergraduate City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		

20. REFERENCES Do not use relatives or past employers previously listed.

Name	Present Business or Home Address	Phone
1.		
2.		
3.		

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

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22. 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 pre-placement and/or periodic physical examination, which include drug/alcohol screening tests.

ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT  
**This position is an AT-WILL employee, serving at the pleasure of the Court.**

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 investigations.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of 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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date