

BELMONT COUNTY
Application for Employment

Return to: Belmont County Veterans Service Office, 400 Imperial Plaza, Bellaire, OH 43906

Equal access to programs, services and employment is available to all persons. Those applicant requiring accommodation to the application and/or interview process should notify the Human Resources Department. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applied for: _____

Date of Application: _____

How did you hear about the position?

Advertisement: ___ Relative: ___ Inquiry: ___ Website: ___ Friend: ___

Employment Agency ___ Other: _____

Name: _____
 Last First Middle

Mailing Address: _____
 Street Apt. City State Zip

Telephone #: (_____) _____ Mobile/Other: (_____) _____

E-mail: _____ Best time to contact you at home is: ___ am / pm

Have you ever submitted an application to Belmont County? _____ If Yes, When? _____

Have you ever been employed by Belmont County? _____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____

If you are under 18, can you furnish a work permit? _____

Do you have a valid driver's license? _____ State / Number: _____
(Answer only if the position for which you are applying requires driving)

Are you able to meet all of the attendance requirements of this position? _____

Are you able to work overtime if necessary? _____ Will you travel if the position requires it? _____

Do you have any friends / relatives currently employed by Belmont County? _____

If Yes; who?

What is your desired salary range or rate of pay: \$ _____ per _____

Date available for work: _____

Type of employment desired: Full Time Part Time Seasonal Temporary

Please Explain Any Gaps In Employment:

Have you ever been fired or asked to resign from a job? _____

If yes, please explain

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Obtained
High School/GED				
Undergraduate College				
Graduate Professional				
Other (specify)				

Related Information: Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Please discuss your interest in employment with _____ County and any qualifications beyond what is reflected in your application. Use additional sheets if needed.

References: Please provide the names and telephone numbers of three professional references who are not related to you. If professional references are not available, provide school or personal references who are not related to you.

Name: _____ Title: _____
 Relationship: _____ Telephone: _____
 Email: _____

Name: _____ Title: _____
 Relationship: _____ Telephone: _____
 Email: _____

Name: _____ Title: _____
 Relationship: _____ Telephone: _____
 Email: _____

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

1. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor: _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

2. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor: _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

3. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor: _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____

4. From/To _____ Employer/Organization _____

Telephone # _____ Address _____

Job Title: _____ Supervisor: _____ May We Contact? _____

Job Duties/Responsibilities _____

Reason for Leaving _____ Final Rate of Pay: _____