**BUTLER COUNTY ENGINEER'S OFFICE**
1921 FAIRGROVE AVENUE
HAMILTON, OH 45011-1999
(513) 867-5744 FAX (513) 867-5849
**GREG WILKENS, P.E., P.S.**
**BUTLER COUNTY ENGINEER**

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, national origin, age, gender, martial or veteran status, disabilities or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

_____
Last Name First Name Middle Initial

_____
Address Number Street City State Zip Code

_____
Telephone Number(s) Social Security Number

| | **Circle the Correct Answer** | |
|---|---|---|
| If you are under 18, can you furnish a valid work permit? | YES | NO |
| Have you ever filed an application with us before? | YES | NO |
| Have you ever been employed with us before? | YES | NO |
| Are you currently employed? | YES | NO |
| If applying for a position requiring such, do you have a valid State of Ohio Driver's License and/or Commercial Driver's License? | YES | NO |
| **Note: All Highway Service Worker & Mechanic positions require a CDL. List the CDL Classification held _____** | | |
| Are you prevented from lawfully becoming employed in this country because of visa or immigration status? | YES | NO |
| Proof of citizenship or immigration status will be requited upon employment. | | |
| On what date would you be available to begin work? | _____ | |
| Are you currently on "lay-off" status and subject to recall? | YES | NO |
| Can you travel if a job requires it? | YES | NO |
| If required by your position, can you work overtime? | YES | NO |
| Have you been convicted of a felony within the past seven (7) years? | YES | NO |
| Conviction will not necessarily disqualify any applicant from employment | | |

If yes, please explain: _____

_____

| EDUCATION (PLEASE LIST DATES) | | | | |
|---|---|---|---|---|
| School name and Location | | | | |
| Years Completed | | | | |
| Diploma / Degree | | | | |
| Describe Course of Study | | | | |
| Describe any specialized training, apprenticeship, skills, and extracurricular activities. | | | | |
| State any additional information you think may be helpful to us in considering you application. | | | | |

List professional, trade, business or civic activities and offices held.
*You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, handicap, or other protected statuses:*

_____

_____

**EMPLOYMENT HISTORY**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Dates Employed From To

Address

Telephone Number Hourly Rate/Salary Starting Final

Job Title Supervisor

Reason For Leaving Worked Performed

Employer Dates Employed From To

Address

Telephone Number Hourly Rate/Salary Starting Final

Job Title Supervisor

Reason For Leaving Worked Performed

| Employer | Dates Employed | From | To |
|---|---|---|---|
| Address | | | |
| Telephone Number | Hourly Rate/Salary | Starting | Final |
| Job Title | Supervisor | | |
| Reason For Leaving | | Worked Performed | |

## REFERENCES

Give Name, address and telephone number of three (3) references who are not related to you and are not current or previous employers.

1. _____
2. _____
3. _____

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

_____

_____

References may be required to evaluate applicant's qualifications. Acceptance of an application or resume does not constitute an offer of employment

Have you ever had any job-related training in the United States Military? YES NO

If YES, please describe: _____

_____

_____

Can you perform the duties and responsibilities, with or without
Reasonable accommodation, of the position for which you are applying? YES NO

***If the answer to this question is YES, you may be asked to describe or demonstrate how you would perform this function, with or without an accommodation.***

Can you meet the attendance requirements of the position for which you are applying? YES NO

## APPLICANT'S STATEMENT

The Butler County Engineer is an Equal Opportunity Employer and does not discriminate in employment as may be necessary in arriving at an employment decision. No question on this application is used for the purpose of limiting or excluding an Applicant's consideration of employment on a basis prohibited by local, state or federal law.

I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

I understand that prior to being offered employment, I may be required to complete necessary employment testing, including a pre-employment physical and drug screen. In the event I have a disability that may affect my ability to complete the testing, I will request, prior to the administration of the test, that a reasonable accommodation be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. I understand that I may be required to provide medical documentation concerning the need for the accommodation.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Applicants wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time and submit a new application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of the date of discovery or employment status at the time of discovery. I understand, also, that I am required to abide all rules and regulations of the employer.

X_____

Applicant's Signature

FOR PERSONNEL ACTION ONLY:

Position(s) Applied For:

_____

_____

Other Positions Considered For:

_____

**Hired:** **Yes** **No**

Position Hired For:

_____

Department: _____ Supervisor: _____

Starting Salary: _____ Probationary Period Ends: _____

**EEO Classification:**

1. Official/Manager
2. Professional
3. Technician
4. Sales
5. Office/Clerical
6. Craft Worker (skilled)
7. Operative (semi-skilled)
8. Laborer
9. Service Worker

Notes:

_____

_____

_____

_____

_____

Completed By:

_____ _____

Name/Title Date

**COMPLETION OF THIS INFORMATION IS VOLUNTARY**

We consider Applicant's for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical conditions, handicaps, disabilities, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

In an effort to comply with government record keeping, reporting, and other legal requirements, periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please mote that all Data Records are kept in a confidential file and are not a part of you Application for Employment or personnel file.

**YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION**.

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected statuses of employees. The data is for statistical analysis with respect to the success of the Affirmative Action program.

Date: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Social Security Number: _____

Referral Source:

□ Advertisement □ Employee □ Relative □ School
□ Private Employment Agency □ Government Employee Agency

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY THE FOLLOWING ARE APPLICABLE.

□ Vietnam Era Veteran □ Disabled Veteran □ Handicapped/Disabled Individual

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION. THIS INFORMATION IS USED TO SATISFY THE AFFIRMATIVE ACTION REQUIREMENTS AND OTHERS NECESSITATED BY FEDERAL LAW OR EMPLOYMENT REGULATIONS.

APPLICANT STATEMENT AUTHORIZATION

1. I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes Butler County Engineers or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, activities, law enforcement record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational requests, including without limitation, physicians, hospitals, prior employers and law enforcement agencies to provide any and all information and/or medical records they may have regarding me or my employment. I release and agree to indemnify Butler County Engineers, it authorized agents, and its employees and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or taking any action based on the information provided.
2. I understand and agree that any falsification, misrepresentation, incomplete response, or omission either on the employment application form or in my response to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed by Butler County Engineers, will subject me to immediate termination, whenever falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand that a chemical test for the presence of illegal or controlled substances may be required before the commencement of and/or during my employment. In addition, I understand I may be required to take a physical examination before starting work if an offer of employment is made. I release and agree to indemnify Butler County Engineers, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.
4. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.
5. I understand and agree that noting contained in the Butler County Engineers employment application or in the granting of an interview or anything else set forth in any written or oral statement, communication, or policy now or in the future constitutes or is intended to constitute or create a contract between me and Butler County Engineers for either employment or for providing benefits. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Butler County Engineers unless they are express promises, made in writing and signed by Butler County Engineer or its designated representative.

Name: (Please print)

_____

First MI Last

Social Security Number

__ __ __ - __ __ - __ __ __ __

Driver's License Information

State Issued: _____ Expiration Date: _____

Number: _____ Class/Type: _____

Applicant's Signature:

_____ Date: _____