



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, marital 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	
	YES	NO
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 required 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 your 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			
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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

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 note 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, its 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 nothing 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: _____