



# Clermont County Veterans' Service Commission APPLICATION FOR EMPLOYMENT

Position  
Applied  
For:

Name: \_\_\_\_\_

\_\_\_\_\_

Current Address

Street City County State Zip From: To:

List all prior addresses for the past seven years: Attach additional sheet if necessary.

Street City County State Zip From: To:

Street City County State Zip From: To:

Street City County State Zip From: To:

Street City County State Zip From: To:

Who should we contact in case of an emergency? Name: \_\_\_\_\_

Street City County State Zip Phone Number

Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Ph. No. \_\_\_\_\_

Yes  No Are you at least 18 years of age? Date available? \_\_\_\_\_

Yes  No Have you ever been convicted of, or pled guilty or no contest to a felony?

If yes, please explain: \_\_\_\_\_

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into consideration.

Yes  No Have you ever worked for a city, municipality, township, county, or state department or agency in the past? If yes, be sure to include on employment history.

**DO NOT WRITE BELOW THIS LINE-FOR ADMINISTRATIVE USE ONLY**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clermont County Veterans' Service Commission (CCVSC) does not unlawfully discriminate in employment and no question on this

application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

Yes  No Are you currently employed?

Yes  No If yes, may we contact your current employer?

Person to contact. \_\_\_\_\_  
Name Phone Number

If we cannot contact your current employer, please explain: \_\_\_\_\_

Yes  No Are you related to anyone currently employed by CCVSC? If yes, please

give the relative's name, department, and relationship to you. \_\_\_\_\_

Yes  No Are you currently on layoff and subject to recall from an employer? If yes, please explain.

Yes  No Are you prevented from becoming lawfully employed in this County because of visa or immigration status? (Proof of citizenship or immigration status is required by federal law upon employment)

Yes  No Have you ever been dismissed or been asked to resign, or resigned to avoid disciplinary action from any previous employer for any reason? If yes, please explain. \_\_\_\_\_

Yes  No Can you perform all of the job duties listed in the posting for this position? If no, please explain: \_\_\_\_\_

Yes  No Do you meet the minimum qualifications listed in the job posting for this position? If no, please explain: \_\_\_\_\_

Yes  No Are you under any court order to pay child support?

Yes  No  N/A If under court order to pay child support, are you current in your payments?

N/A If under court order to pay child support, what County and State issued the court order?

\_\_\_\_\_ State County Order No.

**Personnel References**

Give the names of at least four references, not related to you, who have known you at least two years.

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## Applicant Employment History

List below all previous employers for the last fifteen years beginning with the current or most recent employer.  
Be sure to include any employers from page 1. Attach additional pages in the same format if needed.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_ Beginning Salary/Annual \_\_\_\_\_ Ending Salary/Annual

\_\_\_\_\_ Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_ Beginning Salary/Annual \_\_\_\_\_ Ending Salary/Annual

\_\_\_\_\_ Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_ Beginning Salary/Annual \_\_\_\_\_ Ending Salary/Annual

\_\_\_\_\_ Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
_____	_____	_____	_____
Phone Number	Beginning Salary/Annual	Ending Salary/Annual	
_____	_____	_____	
Position Held	From:	To:	
_____	_____	_____	

Reason for leaving? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
_____	_____	_____	_____
Phone Number	Beginning Salary/Annual	Ending Salary/Annual	
_____	_____	_____	
Position Held	From:	To:	
_____	_____	_____	

Reason for leaving? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
_____	_____	_____	_____
Phone Number	Beginning Salary/Annual	Ending Salary/Annual	
_____	_____	_____	
Position Held	From:	To:	
_____	_____	_____	

Reason for leaving? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

## Applicant Education History

List below your educational history. Attach additional sheets in the same format if necessary.

<b>High School:</b> _____			
Address: _____			
Street	City	State	Zip
Phone No.: _____	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course of study? _____			

<b>College:</b> _____			
Address: _____			
Street	City	State	Zip
Phone No.: _____	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course of study? _____			

<b>College:</b> _____			
Address: _____			
Street	City	State	Zip
Phone No.: _____	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course of study? _____			

<b>Graduate School</b> _____			
Address: _____			
Street	City	State	Zip
Phone No.: _____	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course of study? _____			

<b>Voc/Tech. School</b> _____			
Address: _____			
Street	City	State	Zip
Phone No.: _____	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course of study? _____			

<b>Other:</b> _____			
Address: _____			
Street	City	State	Zip
Phone No.: _____	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course of study? _____			

List any skills, training, or experience that would qualify for this position: \_\_\_\_\_

**Applicant's Certification and Agreement**

Please read the following statements carefully

I agree to take any lawful medical examination required by the Clermont County Veterans' Service Commission (CCVSC) upon receiving a conditional offer of employment, or after I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I further understand that CCVSC requires a drug test for illegal substances, and that CCVSC will not hire any applicant who tests positive or refuses to consent to pre-employment drug testing. I further understand that an employee who tests positive for illegal drugs or alcohol usage during working hours on the basis of reasonable suspicion, or who refuses to consent to drug and alcohol testing is subject to discharge.

(Initial)

I authorize investigation of my credit, driving, complete criminal and employment history as required by CCVSC as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I release all persons or companies conducting any lawful investigation from any liability.

(Initial)

I also agree to take any lawful honesty detection examination and I release all persons or companies conducting such honesty detection examination or any other examination from any liability.

(Initial)

I certify that the facts contained in this application are true and that I personally completed this application. I further understand that, if I become employed, any false information I may have provided on this application shall be grounds for my dismissal. I also understand that I am required to abide by all rules and regulations of CCVSC.

(Initial)

\_\_\_\_\_ Print Name: \_\_\_\_\_

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_