



**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

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CURRENT EMPLOYER: \_\_\_\_\_

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES: \_\_\_\_ NO: \_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER. \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS EMPLOYER PRIOR TO EMPLOYMENT? YES: \_\_\_\_ NO: \_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS EMPLOYER PRIOR TO EMPLOYMENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS EMPLOYER PRIOR TO EMPLOYMENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER. \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_

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IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO, AND PROVIDE THE SAME INFORMATION AS INDICATED ABOVE.

**EDUCATION AND TRAINING**

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HIGH SCHOOL EQUIVALENT: \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR:

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COLLEGE: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR:

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TECHNICAL SCHOOL: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EQUIVALENT: \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR:

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**MILITARY HISTORY**

SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**PERSONAL  
INFORMATION**

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION.

IF YES, PLEASE EXPLAIN:

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HAVE YOU EVER BEEN EMPLOYED BY THE STATE, A COUNTY, OR ANY POLITICAL SUBDIVISION IN THE STATE OF OHIO?

IF YES, PLEASE EXPLAIN:

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HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN:

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(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

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DO YOU POSSESS A VALID OHIO DRIVERS LICENSE? YES:\_\_\_ NO:\_\_\_ CDL? YES:\_\_\_ NO:\_\_\_  
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES:\_\_\_ NO:\_\_\_

ARE YOU A RESIDENT OF OHIO? YES:\_\_\_ NO:\_\_\_ IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES:\_\_\_ NO:\_\_\_

ARE YOU A RESIDENT OF ATHENS COUNTY? YES:\_\_\_ NO:\_\_\_

PLEASE LIST THREE (3) THAT WE MAY CONTACT WHO ARE NOT RELATED TO YOU AND THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME:\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_ WORK:\_\_\_\_\_

NAME:\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_ WORK:\_\_\_\_\_

NAME:\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_ WORK:\_\_\_\_\_

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.  
Initials
  
2. If employed, I understand and accept that, depending on the position for which I am applying for employment, I may be required to work evening hours or night hours, including weekends and occasional holidays, and be on call and work mandatory overtime hours. Must have a working phone at residence.  
Initials:
  
3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the engineer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.  
Initials:
  
4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the state of Ohio, various law enforcement, and other agencies require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to conduct a criminal records check to investigate my background for any criminal or unlawful activity. If such a criminal records check is required by the employer, I agree upon request to provide such information as may be required and a set of impressions of my fingerprints as a precondition or condition of employment.  
Initials:
  
5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.  
Initials:

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE RESULTS OF A CRIMINAL RECORDS BACKGROUND CHECK OR ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE ENGINEER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_. Notary

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Commission Expires