



# AUDITOR'S OFFICE, GEAUGA COUNTY, OHIO

## EMPLOYMENT APPLICATION

Application must be completely filled out, signed and dated.

### PERSONAL

				-----Position Applied For-----			
Name:							
-----Last-----				-----First-----		-----Middle-----	
Address:							
City:		County:		State:		Zip:	
Phone Number:				Email Address:			
What other names have you used?							
Are you legally eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> When can you start work?							
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Have you ever worked for Geauga County, State of Ohio, or any political subdivision? YES <input type="checkbox"/> NO <input type="checkbox"/>							
If yes, when?				Which Department?			
Do you have any relatives employed by Geauga County? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, which Department?							
Are you capable of performing the material and the substantial duties of the position that you are applying for with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>							

### EDUCATION

Name of School	Address	Course of Study	Years Completed	Degree Obtained
High School				
College/Trade School				
Graduate/Professional School				
Other [specify]				

### QUALIFICATIONS

Briefly describe your knowledge, skills and other relevant factors that qualify you for the position you are seeking:
_____
_____
_____

### EMPLOYMENT HISTORY

Account for all past and current employments, and any gaps in employment. Begin with the most recent position. <u>You may attach a resume in addition to a fully completed application, but not in lieu of a completed application.</u> You may use a separate sheet of paper if you need more room to include your employment history. All the documents you submit shall become an official part of your application. The information contained in your application for employment may be a public record.



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EMPLOYER's Name & Address: _____ _____
Your Position & Duties: _____
Supervisor's Name: _____ Phone #: _____
Reason for Leaving: _____
Date from: month/year ____/____/____ to month/year ____/____/____ Salary: _____ per _____
EMPLOYER's Name & Address: _____ _____
Position & Duties: _____
Supervisor's Name: _____ Phone #: _____
Reason for Leaving: _____
Date from: month/year ____/____/____ to month/year ____/____/____ Salary: _____ per _____
EMPLOYER's Name & Address: _____ _____
Position & Duties: _____
Supervisor's Name: _____ Phone #: _____
Reason for Leaving: _____
Date from: month/year ____/____/____ to month/year ____/____/____ Salary: _____ per _____
<i>If you need more room, please use a separate sheet of paper.</i>

### APPLICANT'S ATTESTATION & AGREEMENT – SIGNATURE & DATE REQUIRED

I expressly authorize Geauga County Auditor's Office, its representatives, or agents the right to investigate and verify any information obtained through the application process. I authorize all schools, firms, and individuals named herein to provide any information requested about me, and I release them from all liability for damage in providing relevant, job related information that will assist in this process. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Geauga County Auditor's Office and may be cause for rejection of this application, removal from consideration, or termination from employment whenever it is discovered.

I acknowledge that an offer of employment is contingent upon successful completion of background investigation, pre-employment drug and alcohol screen, valid driving license, physical, and psychological tests. I understand that no agent of Geauga County Auditor's Office is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I also attest that all information contained herein and provided at any step of the application process are true, complete and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date Signed

GEAUGA COUNTY AUDITOR'S OFFICE, 231 MAIN STREET, CHARDON, OHIO 44024