

JOB APPLICATION
ATHENS COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
13183 State Route 13
MILLFIELD, OHIO 45761

Last Name _____ First Name _____ MI _____

Street/Mailing Address _____

City _____ State _____ Zip Code _____

County _____ Area Code _____ Home Phone _____

Social Security Number _____ Work Phone _____

Applicants: To qualify for a position, you must show clearly, by experience or training that you meet the minimum qualifications for this opening. This application is the document that will be used to determine if you meet the minimum qualifications. Please fill it out carefully.

Check the areas of employment you are interested in. (check all that apply).

- Full-Time/Permanent
 Full-Time/Temporary

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you willing and able to secure an Ohio Driver's License, if required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If necessary, can you supply your own transportation for work use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county service of Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you perform the job related duties of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you served in military?
(If yes, and you are hired you will need to submit a copy of your DD214) | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question 3 or 4 or "NO" to question 5, please explain fully below, indicating which question you are responding to by number.

Emergency Information:

List the name and address of one person who will always know your whereabouts.

Name	Address	City	State	Zip Code	Phone
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References:

Please list the names and addresses of three individuals, other than relatives, we may contact for a professional recommendation.

Name	Address	City	State	Zip Code	Phone
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Name	Address	City	State	Zip Code	Phone
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Name	Address	City	State	Zip Code	Phone
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EXPERIENCE:

Present or Most Recent Job:

Employer's Name and Address _____

Length of Employment From: Mo _____ Yr _____ To: Mo _____ Yr _____

Position (job title and classification) _____ Salary: Beginning _____ Ending _____

Duties Performed _____

Next Most Recent Job:

Employer's Name and Address _____

Length of Employment From: Mo _____ Yr _____ To: Mo _____ Yr _____

Position (job title and classification) _____ Salary: Beginning _____ Ending _____

Duties Performed _____

Employer's Name and Address _____

Length of Employment From: Mo _____ Yr _____ To: Mo _____ Yr _____

Position (job title and classification) _____ Salary: Beginning _____ Ending _____

Duties Performed _____

Employer's Name and Address _____

Length of Employment From: Mo _____ Yr _____ To: Mo _____ Yr _____

Position (job title and classification) _____ Salary: Beginning _____ Ending _____

Duties Performed _____

Employer's Name and Address _____

Length of Employment From: Mo _____ Yr _____ To: Mo _____ Yr _____

Position (job title and classification) _____ Salary: Beginning _____ Ending _____

Duties Performed _____
