



Mahoning County Veterans Service Commission

345 Oakhill Avenue, Suite 100 Youngstown, OH 44502 ~ Phone: (330) 740-2450 Fax: (330) 788-3501

APPLICANT MUST BE AN HONORABLE DISCHARGED VETERAN

NOTE: ATTACH DD214 OR EQUIVALENT

VETERAN: YES NO **Branch of Service:** _____

GENERAL INFORMATION

Equal access to programs, services and employment is available to all persons. Applicants requiring accommodation to the application and/or interview process should notify the Human Resources Department. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For: Title: _____ Department: _____

Date of Application: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Telephone: _____ Alternate: _____ Email: _____

Do you have a valid driver's license? Yes No State _____ Class: _____

Date available to start: _____

Type of employment desired: Full Time Part Time Seasonal

Have you ever been employed by Mahoning County? Yes No Dates: _____

Reason for Leaving: _____

Are you legally eligible for employment in the United States? Yes No

If you are under 18, can you furnish a work permit? Yes No

EDUCATIONAL DATA

Name and Address of School	Number of Years Completed	Major Subject or Degree	Diploma or Degree Obtained
High School			
Undergraduate College or University			
Graduate/Professional			
Other (specify)			

Describe briefly the type of work that you are best qualified to do by reason of education, previous employment, or training, and tell why you feel qualified for the position for which you are applying.

List any skills you have which are relevant to the position for which you are applying (i.e., software programs, training, machinery, etc.).

List any special licenses or certificates you have that are relevant to the position for which you are applying.

List any relevant professional or trade organizations' memberships and offices held. Exclude those that would indicate race, color, religion, sex, age, national origin, citizenship, political affiliation, mental or physical disability, ancestry, veteran/reserve, National Guard or any other similarly protected status.

REFERENCES

Please provide the names and telephone numbers of three professional references who are not related to you and are not previous supervisors. If professional references are not available, provide school or personal references who are not related to you.

Name	Address, Telephone and Email	Occupation

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order - **last position first** - including U.S. Military. attach additional pages if needed.

Current/Last Employer		Telephone
Address		Rate of Pay
Employment Dates From: _____ To: _____	Position	Supervisor
Duties and Responsibilities	List Equipment, Machinery, and/or Software Used	
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current/Last Employer		Telephone
Address		Rate of Pay
Employment Dates From: _____ To: _____	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current/Last Employer		Telephone
Address		Rate of Pay
Employment Dates From: _____ To: _____	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Before submitting this application, please read the following statement carefully.

Applicant Statement and Signature

I certify that all information I have provided in order to apply for and obtain employment with Mahoning County is true, complete, and correct. I agree and understand that omissions, misstatements, or falsifications will cause forfeiture on my part of all eligibility to any employment with Mahoning County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Mahoning County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Mahoning County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Mahoning County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Mahoning County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, driving record, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. Past convictions will not automatically disqualify a candidate for possible employment with the County. Each situation will be considered on a case-by-case basis. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Mahoning County at any time. I understand that no representative of Mahoning County is authorized to make any assurances 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 appropriate Appointing Authority. Applications for Mahoning County positions are considered public records under Ohio's Public Records Act. As a public record, applications maintained by the County are made available to any person requesting to review them.

DO NOT SIGN UNTIL YOU READ THE APPLICANT STATEMENT ABOVE.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant's Signature

Date

MAHONING COUNTY

EQUAL EMPLOYMENT OPPORTUNITY FORM

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, national origin, disability, age or ancestry. The 1964 Civil Rights Act, Title VII, Prohibits discrimination based on race, color, religion, sex or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the Board of Mahoning County Commissioners to record and report the information listed below. Please help us comply by providing the answers to the following questions.

This Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: _____

RACE/ETHNIC GROUP:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Black
- White
- Other
- Decline to Self-Identify

GENDER:

- Female
- Male
- Decline to Self-Identify

VIETNAM ERA VETERAN:

- YES
- NO
- Decline to Self-Identify

DISABLED VETERAN

- YES
- NO
- Decline to Self-Identify

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

- YES
- NO

REFERRED BY:

- Job Posting
- Newspaper
- Friend
- Other

Thank you for filling out this form.

THIS INFORMATION IS TO BE USED FOR AFFIRMATIVE ACTION USE ONLY.



CONSENT TO RELEASE DRIVING AND CRIMINAL RECORD INFORMATION

Please Type or Print

Date: _____

I, _____ (print or type your name clearly), hereby give the Sheriff of Mahoning County, Ohio, or his authorized Deputy, permission to release any criminal and /or driving records that I may have to Mahoning County Human Resources.

I hereby release the Mahoning County Sheriff, or his authorized Deputy, from any and all liability arising from information given as guaranteed under the Privacy Act.

If you are applying for a law enforcement position, you must include your date of birth.

Signature: _____

Street Address: _____

City

State

Zip

Social Security Number: _____

DOB: _____

Required for law enforcement position

Drivers License Number: _____

FOR SHERIFF'S DEPARTMENT USE ONLY

Record Information:

**Signature of Sheriff or Authorized
Deputy:** _____

Date: _____