## BELMONT COUNTY

## Application for Employment

Return to: Belmont County Veterans Service Office, 3326 Belmont St., Bellaire OH 43906

Equal access to programs, services and employment is available to all persons. Those applicant 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(s) applied for:	
Date of Application:	
How did you hear about the position?	
Advertisement: Relative: Inquiry:	Website: Friend:
Employment Agency Other:	
Name: Last . First	
€	
Mailing Address: Street Apt.	City State Zip
Telephone #: ()	Mobile/Other: ()
E-mail:	
Have you ever submitted an application to Belmont Cou	nty? If Yes, When?
Have you ever been employed by Belmont County?	If Yes, when?
Are you legally eligible for employment in the United St	tates?
If you are under 18, can you furnish a work permit?	
Do you have a valid driver's license? State a (Answer only if the position for which you are applying a	/ Number:
Are you able to meet all of the attendance requirements of	of this position?
Are you able to work overtime if necessary?	Will you travel if the position requires it?
Do you have any friends / relatives currently employed b	y Belmont County?
If Yes, who?	
What is your desired salary range or rate of pay: \$	per
Date available for work:	
Type of employment desired:   Full Time   Part Time	□ Seasonal □ Temporary

Please Explain Any Gaps In Employment:			
Have you ever been fired or asked to resign from a job?	3		93
If yes, please explain			
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2 2 19		2	
EDUCATION			

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Obtained
High School/GED			¥	
Undergraduate College				
Graduate Professional			•	
Other (specify)		6		

Related Information: Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organ	ization	Offices Held	
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	***************************************		
		umbers of three professional references who	
Name:		Title:	
Relationship:	Telephone:		
Vame:		Title:	,
	Telephone:		
		Title:	
Relationship: Email:	Telephone:		

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

1. From/To	Employer/Organization	
Telephone #	Address	
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties_		2
		Final Rate of Pay:
2. From/To	Employer/Organization	
Telephone #	Address	<del>,</del>
Job Title:	Supervisor_	May We Contact?
Job Duties/Responsibilties_		
Reason for Leaving		Final Rate of Pay:
3. From/To	Employer/Organization_	
Telephone #	Address	
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties		
		Final Rate of Pay:
4. From/To	Employer/Organization_	8
Telephone #	Address	÷
Job Title:	Supervisor	May We Contact?
Job Duties/Responsibilties	100000000000000000000000000000000000000	
Reason for Leaving		Final Rate of Pay: