



APPLICATION FOR EMPLOYMENT
Ottawa County Transportation Agency
An Equal Opportunity Employer

PLEASE PRINT

Date of Application \_\_\_\_\_

Position (s) Applied For \_\_\_\_\_

Rate of Pay Expected \_\_\_\_\_

Referral Source: Advertisement Friend Relative
Walk-In Employment Agency Other

Name Last First Middle

Address Number Street City State Zip Code

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Have you filed an application with Ottawa County before? Yes No

If yes, give date \_\_\_\_\_

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

On what date would you be available for work? \_\_\_\_\_

Are you available to work Full Time Part Time Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Within the past seven (7) years have you either:

- 1) Been convicted by any court of a felony or
2) Been released from prison following conviction of a felony? Yes No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You should exclude those, which indicate race, color, religion, sex or national origin): \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers.

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

**EDUCATION**

	<u>Elementary</u>	<u>High School</u>	<u>College/University</u>	<u>Other</u>
Circle Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	_____

School Name: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

\_\_\_\_\_

Describe Specialized Training: \_\_\_\_\_

\_\_\_\_\_

Licenses, Certificates: \_\_\_\_\_

Apprenticeship: \_\_\_\_\_

Skills and Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

Honors Received: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application, including typing speed and shorthand speed. \_\_\_\_\_

\_\_\_\_\_

Do you presently hold a valid State of Ohio driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

(This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered.)

If yes, Type of License: \_\_\_\_\_ Operator's \_\_\_\_\_ Commercial

Driver's License (CDL) CDL Endorsements? \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job, include military service assignments and volunteer activities, exclude organization names, which indicate race, color, religion, sex or natural origin.

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Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_

Work Performed \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/ Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_

Work Performed \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/ Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_

Work Performed \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/ Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*\*If you need additional space, please continue on a separate sheet of paper\*\*

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**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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

Have you ever been bonded? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, with what employers? \_\_\_\_\_

\_\_\_\_\_

State names of relatives working for Ottawa County: \_\_\_\_\_

\_\_\_\_\_

Who should be notified in case of an emergency?

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Business Name/Address \_\_\_\_\_

Business Phone \_\_\_\_\_

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Ottawa County all information relative to such verification and hereby release such individuals, organizations, and Ottawa County from any and all liability for any claim or damage resulting therefrom. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*As an equal opportunity employer, Ottawa County will consider only the qualifications of all applicants, and will not tolerate discrimination in provision of services or employment because of disability, race, color, creed, national origin, sex or age.*