



# Hamilton County

## EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

### Employment Information Center Human Resources Department

138 E. Court Street, Room 707  
Cincinnati, Ohio 45202  
Phone: (513)946-4700  
Fax: (513)946-4720  
Jobs Hotline: (513)946-4717  
TDD: (513)946-4719  
Web Address:

[www.hamiltoncountyohio.gov](http://www.hamiltoncountyohio.gov)

The above office coordinates Job Opportunities in the following County Departments:

Board of County Commissioners  
Job and Family Services  
County Administration  
Building Inspections  
Communications Center  
Community Development  
County Facilities  
Environmental Services  
Human Resources  
Paul Brown Stadium  
Public Works

### General Information

_____		_____	
Posting Number		Position Applied For	
_____			
Last Name			
_____			
_____		_____	
First Name		Middle Initial	
_____			
Mailing Address			Apt#
_____			
City	State	Zip	
( )	( )		
_____		_____	
Home Phone	Business Phone		
( )			
_____		_____	
Cell Phone	E-Mail Address		

### Complete your response to each question

Are you at least 18 years of age?     Yes    No

Are you authorized to work in the U.S.?     Yes    No

Have you ever been or are you currently employed by a Hamilton County Department/Agency?     Yes    No

If yes, list dates and name of department(s) and any other name under which you were known by Hamilton County:

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony or misdemeanor, other than a minor traffic violation?     Yes    No  
If Yes, list date(s) and type(s) of offense(s) (*Convictions may not automatically disqualify you.*): \_\_\_\_\_

The following information will be used only if it is directly related to the position for which you are applying.

Do you have a valid driver's license?     Yes    No    If Yes, State \_\_\_\_\_ Year of Expiration \_\_\_\_\_

Do you have a vehicle you could use in your work?     Yes    No

Do you currently have vehicle liability insurance?     Yes    No

### How did you learn of this position?

<input type="checkbox"/> County Bulletin Board	<input type="checkbox"/> County Website	<input type="checkbox"/> Other Website	<input type="checkbox"/> Jobs Hotline
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> University / Job Fair	<input type="checkbox"/> Other _____	

## Education

Use the section below to list your educational achievements including any college, technical or vocational school courses completed.

Did you receive a High School Diploma or GED?  YES  NO

1) College/University Name and Location	Degree Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year? If No, how many years completed?	Type of Degree (Circle One) Associates Bachelors Masters Doctorate	Major:	
			No. of Sem Hours:	
			No. of Qtr Hours:	
2) College/University Name and Location	Degree Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year? If No, how many years completed?	Type of Degree (Circle One) Associates Bachelors Masters Doctorate	Major:	
			No. of Sem Hrs:	
			No. of Qtr Hrs:	
3) Technical/Vocational School / Location	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  What Year:	Course of Study	No. of Weeks	No. of Hours
4) Technical/Vocational School / Location	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  What Year:	Course of Study	No. of Weeks	No. of Hours

## Professional Licenses, Certifications and Registrations

Type of License/Certification	License/Registration No.	Expiration Date	Licensed to practice in Ohio?
1)			<input type="checkbox"/> Yes <input type="checkbox"/> No
2)			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Work History

Give complete information regarding present and former employment, beginning with the most recent. Please include your Military Service and any employment with Hamilton County. A resume may NOT be a substitute for completing this information.

1) Current or Most Recent Employer	Street Address, City, State, Zip	Phone
Your Job Title	Dates of Employment: From:                      To:	Salary:
		Reason for Leaving:

Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

## Work History (Cont'd)

2) Employer	Street Address, City, State, Zip	Phone
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Your Job Title	Dates of Employment: From:            To:	Salary:	Reason for Leaving:
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Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

  
  
  

3) Employer	Street Address, City, State, Zip	Phone
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Your Job Title	Dates of Employment: From:            To:	Salary:	Reason for Leaving:
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Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

  
  
  

4) Employer	Street Address, City, State, Zip	Phone
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Your Job Title	Dates of Employment: From:            To:	Salary:	Reason for Leaving:
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Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised):

  
  
  

## Additional Qualifications

Outline briefly any other skills or experience that may be helpful to us in considering your qualifications. Please include volunteer and other community activities:

  
  
  

Please check all of the Microsoft software programs you have used:

Access    
  Excel    
  FrontPage    
  Outlook    
  PowerPoint    
  Publisher    
  Word

List any other software programs or special machinery and equipment you have experience working with:

## References Other than Former Employers and Relatives

1) Name	Phone:	Occupation:
Street Address, City, State and Zip Code:		
2) Name	Phone:	Occupation:
Street Address, City, State and Zip Code:		
3) Name	Phone:	Occupation:
Street Address, City, State and Zip Code:		

I certify all information given by me in this application is true and complete. I authorize Hamilton County to verify the information provided and realize that false information (misrepresentation or omission of information called for) is a basis for disqualification or dismissal. I authorize Hamilton County to contact educational institutions and current and previous employers. I further authorize current and former employers to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information. I understand that information provided by me on this document may also be compared with information contained in records maintained by Hamilton County concerning myself for the purpose of determining my suitability for employment with Hamilton County.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS SECTION. FOR OFFICE USE ONLY.

Classification:	Department/Division:
Class Number:	Unit and Supervisor:
Salary:	Index:                      Cost:                      Object:
Employment Date:	Posting Number:
Replacement:	CRIS-E Access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Control Number (PCN):	Vehicle Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Appointment Status:	Approval Date:
Finger Prints: <input type="checkbox"/> Yes <input type="checkbox"/> No	