

**APPLICATION FOR EMPLOYMENT
WITH
SANDUSKY COUNTY LAND
REUTILIZATION CORPORATION**

INSTRUCTIONS: Please fill out this employment application form completely and accurately. **Print or type** in a legible manner. Failure to complete certain portions of this form may result in disqualification.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE # _____ EMAIL ADDRESS _____

CELL PHONE # _____ SOCIAL SECURITY NUMBER _____

APPLICATIONS ARE FILED ACCORDING TO SPECIFIC JOB OPPORTUNITIES POSTED. WE DO NOT ACCEPT OR MAINTAIN ON FILE UNSOLICITED APPLICATIONS.

Date of Application: _____

Specify the name of the advertised position(s) you are applying for:

- What is your minimum salary requirement? _____
- What is the earliest date you will be able to accept employment / volunteer? _____
- Do you meet the minimum qualifications and can you perform the job duties related to the specific job for which you are applying? Yes No
- Do you have any commitments to anyone, which might affect immediate employment with this organization? Yes No

If yes, explain: _____

City/State/Zip code: _____ Phone: _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

3. **Company / Employer's Name:** _____ **Address:** _____

City/State/Zip code: _____ Phone: _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

TO BE COMPLETED BY APPLICANT

I do hereby give permission to the Sandusky County Land Reutilization Corporation to seek information concerning any employment experience. I have been employed by the employers listed on my job application and give the following permission to release any job related information requested by Sandusky County Land Reutilization Corporation in order to determine whether I am suited for employment by them.

EMPLOYERS AUTHORIZED TO RELEASE INFORMATION

1. _____

2. _____

3. _____

I understand the Sandusky County Land Reutilization Corporation will verify information obtained from my job application, resume and other related documents. It is my understanding that Sandusky County Land Reutilization Corporation may make a thorough investigation of my entire employment history and I release from liability any person giving or receiving any such lawful information.

I have read and understand the authorization granted above and agree to the same as a condition of my prospective employment.

Applicant's Signature: _____ Date: _____

APPLICANT BACKGROUND INVESTIGATION

Certain positions with Sandusky County Land Reutilization Corporation require that an individuals past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions with the Sandusky County Land Reutilization Corporation, individuals selected for hire will undergo a background check with a local law-enforcement agency. Failure to complete this waiver will result in disqualification for employment with Sandusky County Land Reutilization Corporation.

I authorize release of any police record information in my name, to the Sandusky County Sandusky County Land Reutilization Corporation.

Name: _____
(Please print) Last Middle First

List any other NAMES you have used during the previous five (5) years:

Please Print

List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:

Please Print

Social Security Number: _____

Signature: _____

REPORT

OFFICIAL: _____

DATE: _____

REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

REQUESTED BY: Sandusky County Land Reutilization Corporation

To Whom It May Concern:

The following has made an application with Sandusky County Land Reutilization Corporation. In accordance with Section 391.23. of the Federal Department of Transportation Regulations, please furnish the above signed with the applicants driving record for the last three (3) years.

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Driver's License Number: _____

State License Issued In: _____

Signature of Applicant: _____

I GRANT PERMISSION TO SANDUSKY COUNTY LAND REUTILIZATION CORPORATION TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.

REFERENCES: Please list the name and address of three individuals, other than relatives, whom we may contact for a professional reference:

1. Name _____ Address _____

City/State _____ Telephone _____

2. Name _____ Address _____

City/State _____ Telephone _____

3. Name _____ Address _____

City/State _____ Telephone _____

SANDUSKY COUNTY LAND REUTILIZATION CORPORATION is an equal opportunity employer and selects the best matched individual for any job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

1) I understand and accept that if any information required in this application (*and attached resume, if any*) is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

2) I understand and accept that Sandusky County Land Reutilization Corporation will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Sandusky County and I release from liability any person giving or receiving any such lawful information. I understand the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired.

Initials: _____

3) I understand and accept If offered a position, I agree to authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job for which am being considered, prior to employment or in the future during my employment with Sandusky County Land Reutilization Corporation.

Initials: _____

4) I understand and accept, although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE

EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date
