

APPLICATION FOR EMPLOYMENT



RANDY L. SMITH, P.E., P.S.
 TRUMBULL COUNTY ENGINEER
 650 NORTH RIVER ROAD, N.W.
 WARREN, OHIO 44483-2255
 PHONE: 330-675-2640 FAX: 330-675-2642
 www.countyengineer.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Last Name First Name Middle Name

Address (Number) Street City State Zip Code

Telephone Number(s) Social Security Number (optional, required upon hire)

Position(s) Applied For Date of Application

How Did You Learn About Us?

Advertisement Friend Walk-in
 Employment Agency Relative Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Are you currently employed? 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?

Proof of citizenship or immigration status will be required upon employment Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "Lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From: To:	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting: Final:	

Reason for Leaving

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Address		
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Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting: Final:	

Reason for Leaving

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

List Professional, Trade, Business or Civic Activities and Offices Held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Other (Specify)
Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____	_____

State any additional information you feel may be helpful to us in considering your application.

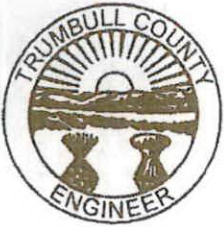
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A Description of the activities involved in such a job or occupation is Attached.

YES NO

References

1.	()	Phone #
	(Name)	
	(Address)	
2.	()	Phone #
	(Name)	
	(Address)	
3.	()	Phone #
	(Name)	
	(Address)	



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Gary W. Shaffer, P.E.
Deputy Engineer

Herb W. Laukhart, Jr.
Director of Finance &
Personnel

Tom W. Klejka
Highway Superintendent

INFORMATION RELEASE

I authorize any of the persons or organizations referenced in this application to give the Trumbull County Engineers any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from providing such information to you. I authorize you to request and receive such information.

NAME OF APPLICANT - Please Print

SOCIAL SECURITY NUMBER
(Optional, required upon hire)

SIGNATURE OF APPLICANT

DATE