

TUSCARAWAS COUNTY ROAD & BRIDGE DEPARTMENT  
APPLICATION FOR EMPLOYMENT

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_ SS#: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Are you willing and able to work overtime and at times other than regular business hours? \_\_\_\_\_

**Employment Desired**

Position (s) applied for:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? \_\_\_\_\_

Do you possess a Commercial Driver's License? \_\_\_\_\_

If so, what classification? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Minimum salary expected? \_\_\_\_\_

**Education**

Type	Name & Address	Circle last year completed	Did you graduate?	Subjects Studied & Degree (s) Received
Grammar School		1 2 3 4 5 6		
High School		7 8 9 10 11 12		
College		1 2 3 4		
Post Graduate		1 2 3 4		

**Employment History**

(list most recent first, include relevant military history)

Name of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Your Job Title \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

Types of machines, equipment or vehicles operated: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Your Job Title \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

Types of machines, equipment or vehicles operated: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Types of machines, equipment or vehicles operated: \_\_\_\_\_  
\_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Briefly describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Types of machines, equipment or vehicles operated: \_\_\_\_\_  
\_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

List the employers we may NOT contact for a reference: \_\_\_\_\_  
\_\_\_\_\_

**References**

(Please list 3 individuals whom we may contact for a professional reference, excluding relatives)

Name	Address	Telephone #
1. _____	_____ _____ _____	_____
2. _____	_____ _____ _____	_____
3. _____	_____ _____ _____	_____

**Other**

(Please provide any other information you believe is relevant and would like the Employer to consider in its review of your application)

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**APPLICANT'S AGREEMENT AND RELEASE**

I certify that I have read and understand the information requested on this application and that the answers given by me on the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical or substance abuse or other examinations as may be required by the Tuscarawas County Engineer.

I authorize the Tuscarawas County Engineer and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers (unless restricted on page 3 of this application), persons, schools, companies, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability whatsoever for issuing this information. I further release the Tuscarawas County Engineer of any and all claims of action arising out of the Employer's efforts to verify the information I have provided in this application and/or its determinations of my qualifications and abilities.

I confirm that I meet all requirements as stated on the job posting(s) or job descriptions for the positions(s) for which I am applying. I am further able to perform all the essential duties of the position(s) as listed in the Position Descriptions with or without reasonable accommodation.

I understand and agree, that, as a condition of my employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and/or training. I further understand that I may be required to enroll in courses and/or other training at my own expense in order to maintain the standards of my position.

I grant permission to have this application and enclosures duplicated and to be distributed to the employees of the Tuscarawas County Engineer responsible for initial screening, interviewing, recommending applicants for employment and to other employees responsible for personnel records and reports.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Tuscarawas County Engineer is an equal opportunity Employer. It does not discriminate on the basis of age, race, color, religion, sex, disabilities, national origin or other illegal reasons.