



## CITY OF WASHINGTON COURT HOUSE

105 N Main Street Washington C.H., Ohio 43160  
Phone 740-636-2340 Fax 740-636-2349 [www.cityofwch.com](http://www.cityofwch.com)  
Office hours: Monday-Friday 7:30am-4:00pm EST.

### EMPLOYMENT APPLICATION

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**General Instructions:** Print clearly or type an answer to every question, if question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block. DO NOT MISTATE OR OMIT material facts since the statements made herein are subject to verification to determine your qualifications for employment. Must sign as designated.

Application for position of: \_\_\_\_\_ Date \_\_\_\_\_

#### PERSONAL

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

2. Please indicate any other names which you have used (maiden, legal changed)

\_\_\_\_\_

3. Present Address: \_\_\_\_\_

4. City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Social Security No: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_ Naturalization No: \_\_\_\_\_

6. Home phone number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Day phone (optional): \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

**EMPLOYMENT RECORD**

**List all previous employment. Start with the most recent and work back to least recent position.  
Identify part-time jobs with "PT" and temporary jobs with "Temp".**

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1. Name of Employer : \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Employer Phone # (     ) \_\_\_\_\_

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

From Date: \_\_\_\_\_ To Date \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Were you terminated or asked to resign from this job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Can the City of Washington Court House contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT RECORD**

2. Name of Employer : \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Employer Phone # (     ) \_\_\_\_\_

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

From Date: \_\_\_\_\_ To Date \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Were you terminated or asked to resign from this job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**EMPLOYMENT RECORD**

3. Name of Employer : \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Employer Phone # (     ) \_\_\_\_\_

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

From Date: \_\_\_\_\_ To Date \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Were you terminated or asked to resign from this job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**EMPLOYMENT RECORD**

4. Name of Employer : \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Employer Phone # (     ) \_\_\_\_\_

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

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Were you terminated or asked to resign from this job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**THREE REFERENCES**

**Please complete the following on three person who know through school, business, or personal to give current or past information about you.**

(1) Name (Last, First, Middle) : \_\_\_\_\_

Mailing Address (Number, Street, Apt. #, City State, Zip Code)

\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

(2) Name (Last, First, Middle) : \_\_\_\_\_

Mailing Address (Number, Street, Apt. #, City State, Zip Code)

\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

(3) Name (Last, First, Middle) : \_\_\_\_\_

Mailing Address (Number, Street, Apt. #, City State, Zip Code)

\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

**EDUCATION**

**MUST ATTACH COPY OF DIPLOMA**

**List each High School, Trade School, College, or University**

Name of School	Location of School City & State	Attendance Dates From – To	Diploma or Degree Yes No	Type of Degree or # of course hours

**MILITARY**

\_\_\_\_\_ I have been in the military and have my DD-214. : **\*\*\*MUST SUBMIT A COPY WITH APPLICATION.**

\_\_\_\_\_ I have not been in the military.

Branch of Military (Check All that apply):

- \_\_\_ Army
- \_\_\_ Army Reserves
- \_\_\_ Navy
- \_\_\_ Navy Reserves
- \_\_\_ Air Force
- \_\_\_ Air Force Reserves
- \_\_\_ Marines
- \_\_\_ Marine Reserves
- \_\_\_ Coast Guard
- \_\_\_ Coast Guard Reserves
- \_\_\_ National Guard
- \_\_\_ Specify State \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Highest Rank: \_\_\_\_\_

\*\* If Yes, to any of the following four questions, please explain on a separate sheet of paper\*\*

Demotion \_\_\_\_\_ Article 15 \_\_\_\_\_

Captain's Mast \_\_\_\_\_ Court Martials \_\_\_\_\_

Type of Discharge	Character of Discharge
<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Administrative <input type="checkbox"/> Medical <input type="checkbox"/> BCD <input type="checkbox"/> General	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable

**CRIMINAL HISTORY**

Have you been convicted of criminal offenses. Misdemeanors and felonies including military and as a juvenile?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain the nature of your activity/activities which led to the conviction:

\_\_\_\_\_

Details and circumstances of each occasion:

When	Nature of Offense	Where	Disposition

**DRIVING/TRAFFIC HISTORY**

**\*\*\*MUST ATTACH COPY OF DRIVERS LICENSE**

1. List all driving citations or summons you have received and any auto accidents you were involved in as an adult or juvenile. State with the most recent.

Month/Year	City/State	Charge	What Occurred	Injuries

**MEMBERSHIPS IN ORGANIZATIONS**

A. Are you now or have you ever been a member of any organization? Yes \_\_\_\_ No \_\_\_\_

B. Explain the nature of your activity/activities in these organizations:

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C. List hobbies and activities you like to do.

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

D. Do you have any other experiences, skills, qualifications, which will be of special benefit to the position for which you are applying? ( Example: computer software, heavy equipment, office equipment, etc.)

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## RELEASE OF INFORMATION

I hereby authorize, and hold harmless therefrom, any person, firm corporation, educational institution, governmental agency, political subdivision, or otherwise, to release any information, whether written or oral, about my person, whether past or present to any duly authorized representative of the City of Washington Court House, and I do hereby authorize the reproduction and release of any records pertaining thereto.

I hereby release and forever discharge all and any of the foregoing from any and all liability whatsoever for any unintentional error in reporting such information.

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

Name of Applicant (PRINT) \_\_\_\_\_

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

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Phone Number # \_\_\_\_\_

Note: A copy of this document shall be given the same effect as the original.

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Signature of Applicant

Date

**CITY OF WASHINGTON COURT HOUSE  
EQUAL EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE**

The City of Washington is an Equal Opportunity Employer. During recent years, numerous State of Ohio laws, Federal laws and court decisions have been enacted which require the City to submit to various State of Ohio and Federal governmental agencies, statistics which reflect the sex and race of employees and employment applicants.

So that the City can meet these requirements, the City of Washington Court House requires that all applicants complete this Equal Employment Opportunity Questionnaire. The use of the information on this questionnaire is limited to the purposes outlined herein.

Please complete this questionnaire and submit with your application form. The information will be used solely for EEO purposes in compliance with State and Federal laws and guidelines.

Classification/Job Title for which you are applying: \_\_\_\_\_

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

Please check:       Male       Female

White      Persons having origin in any of the original people of Europe, North Africa, or Middle East

Black      Persons having origin in any of the Black racial groups.

Hispanic      Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race.

American      Persons having origins in any of the original peoples of North America and who Indian or Alaskan maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific      Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders

Handicap      Individual with a physical condition that limits his/her ability to attain employment

NOTE: The employer must keep this form separate from the employee's application.

By what source did you learn of this position?

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**THE INFORMATION CONTAINED IN THIS APPLICATION, TOGETHER WITH ANY OR ALL ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

I certify that there are no misrepresentations, omissions, and falsifications in the foregoing statements and answers and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and made in good faith.

I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any omissions or false statements made on this questionnaire may be cause for disapproval of my appointment, or for discharge after my appointment. I further realize that any falsehoods may subject me to prosecution under OHIO REVISED CODE SECTION 2921.13

In the event that the City employees me, I agree to comply with all of its orders, rules and regulations. I acknowledge that illegal discrimination and harassment are examples of serious offenses, which may lead to immediate termination of employment. . I acknowledge that if hired, I have no reasonable expectations of privacy with respect to city property, including but not limited to desks, lockers, telephones, computers, e-mail, etc.

Note: A copy of this document shall have the same effect as the original.

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

Name of Applicant (PRINT) \_\_\_\_\_

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

**CITY OF WASHINGTON COURT HOUSE DEPARTMENT**  
**APPLICATION SUBMISSION CHECKLIST**

Complete this checklist prior to returning the application.

YES    NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The application is filled out completely and accurately.   |
| <input type="checkbox"/> | <input type="checkbox"/> | All personal references include a complete and accurate address and phone number.  |
| <input type="checkbox"/> | <input type="checkbox"/> | All work or educational references include a complete and accurate address and phone number.   |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of High School diploma or GED equivalent is attached.   |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of military DD-214 is attached ( if applicable )  |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of driver's license is attached.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I know that I must be 18 years of age at the time of appointment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I know that it is my responsibility to keep the City of Washington Court House aware of any changes in my address or phone number in order to keep my application current. |

It is not the responsibility of the City of Washington Court House to locate the information requested in this application. Failure to provide accurate and complete information may result in the untimely processing of the application.

I certify that the above information is true to best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date