

# LORAIN COUNTY AUDITOR

## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. We are an Equal Opportunity Employer.

Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Phone Number:	Type:	Email address:	

Position(s) Applied For: _____	Date of Application: _____	
How did you learn about the position?		
Advertisement	Relative	Inquiry
Employment Agency	Friend	Other _____

Best time to contact you?			
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 _____			
Have you ever been employed by the Lorain County Auditor before?	Yes	No	
If Yes, give date _____			
Do you have any friends or relatives who work for the Lorain County Auditor?	Yes	No	
Are you currently employed?	Yes	No	
May we contact your current employer?	Yes	No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>	Yes	No	
Date available for work:	What is your desired salary range?		
Are you available to work:	Full-Time	Part-Time	Temporary
Are you currently on "lay-off" status and subject to recall?	Yes	No	
Can you travel if a job requires it?	Yes	No	
Have you been convicted of a felony within the last five years?	Yes	No	

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question

## Education and Training

	Name of School	Course of Study	Number of Years	Diploma or Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (please specify)				

Please describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Please describe any job-related training received in the United States military.

Please 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:*

Other qualifications: Please summarize special job-related skills and qualifications acquired from employment or other experience.

## Employment Experience (Order from Most Recent)

Most Recent

Employer	Employment Dates		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Supervisor	Hourly Rate / Salary	
Reason for Leaving	Starting	Final	

Employer	Employment Dates		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Supervisor	Hourly Rate / Salary	
Reason for Leaving	Starting	Final	

Employer	Employment Dates		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Supervisor	Hourly Rate / Salary	
Reason for Leaving	Starting	Final	

Employer	Employment Dates		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Supervisor	Hourly Rate / Salary	
Reason for Leaving	Starting	Final	

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

**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date