

Office of the County Engineer

1049 S. McCord Road
Holland, Ohio 43528

Phone: 419-213-2860
Fax: 419-213-2829



Keith J. Earley, P.E., P.S.
Lucas County Engineer

Please complete this form completely and accurately. Please type or print clearly and use a pen.

SECTION I - PERSONAL INFORMATION

| | | | | |
|-----------------------|-----------------------|-------------|--------|-----|
| First Name | Last Name | MI | | |
| Address | City | State | County | Zip |
| Home Telephone Number | Work Telephone Number | Cell Number | | |

Best time/place to contact you by phone: _____

Are you at least eighteen (18) years of age? Yes No

Are you prevented from lawfully becoming employed by this County because of VISA or Immigration Status? Yes No

SECTION II - WORK PREFERENCES

| | |
|--|---------------------|
| Position(s) applying for: | Date of Application |
| Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No Preference | |
| Interested in: <input type="checkbox"/> Permanent <input type="checkbox"/> Intermittent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> No preference | |
| Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| When are you available to begin work? _____ | |
| Do you have a minimum salary expectation? <input type="checkbox"/> Yes <input type="checkbox"/> No | What? _____ |

SECTION III - PERSONAL INFORMATION

Please list in chronological order beginning with the most recent

1).

| | | |
|---|----------------------|-------------------------|
| Employer's Name: _____ | Employed From: _____ | Job Title: _____ |
| Address: _____ | month/year | Beginning Salary: _____ |
| Supervisor's Name: _____ | To: _____ | Ending Salary: _____ |
| Phone: _____ | month/year | |
| May we contact? _____ | month/year | |
| Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ | | |
| Describe your reason(s) for leaving: _____ _____ | | |

2).

| | | |
|---|----------------------|-------------------------|
| Employer's Name: _____ | Employed From: _____ | Job Title: _____ |
| Address: _____ | month/year | Beginning Salary: _____ |
| Supervisor's Name: _____ | To: _____ | Ending Salary: _____ |
| Phone: _____ | month/year | |
| May we contact? _____ | month/year | |
| Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ | | |
| Describe your reason(s) for leaving: _____ _____ | | |

3).

| | | |
|---|----------------------|-------------------------|
| Employer's Name: _____ | Employed From: _____ | Job Title: _____ |
| Address: _____ | month/year | Beginning Salary: _____ |
| Supervisor's Name: _____ | To: _____ | Ending Salary: _____ |
| Phone: _____ | month/year | |
| May we contact? _____ | month/year | |
| Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ | | |
| Describe your reason(s) for leaving: _____ _____ | | |

(Use an extra sheet of paper if additional space is needed to list previous employers. Please sign the extra sheet and submit with this application.)

SECTION IV – EDUCATION AND TRAINING

| | High School | College | Technical School |
|--|---------------------|---------------------------|---------------------------|
| School Name & Address | | | |
| Years Completed | 9 10 11 12 | 1 2 3 4 5 above | 1 2 3 4 5 above |
| Diploma/Degree/Major | | | |
| Additional Schools attended: | | | |
| Please describe any additional courses, technical training you received or skills you have attained which you feel would help your perform the job for which you are applying for (i.e. machines or equipment operated, hobbies, or volunteer work which has taught you qualifying skills): _____ _____ _____ _____ | | | |

SECTION V – MISCELLANEOUS

1. Do you have a Commercial Driver’s License (CDL)? Yes No

If yes, Class: _____ Endorsements: _____

If no, and are required, are you willing and able to secure one? Yes No

2. Do you have reliable transportation to and from work, including if you are scheduled to work irregular hours? Yes No

3. Have you ever been employed in the City, County or State’s services in the State of Ohio? Yes No

4. Have you any job-related training in the US Military? Yes No

5. Have you ever filled out an application here before? Yes No

6. Have you ever been employed here before? Yes No

SECTION VI – REFERENCES

Please give the name, address and phone numbers of three (3) references not related to you who would know your skills for this position:

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
| | | |
| | | |
| | | |

I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain information through contact with my former employers and references listed above.

I understand it is the Employers policy to accept applications only when there is a vacancy which the Employer intends to fill, and that this application will only remain in the active application file until such position is filled.

Applicant's Signature

Date