

WORK HISTORY:

List most recent employer first. May we contact your present employer?

Yes _____ No _____ Not Applicable _____

Most Recent Employer _____ Address _____

Telephone No. _____ Start Date _____ Starting Position _____

Date Left _____ Final/Current Salary _____ Final/Current Position _____

Name & Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

Previous Employer _____ Address _____

Telephone No. _____ Start Date _____ Starting Position _____

Date Left _____ Final Salary _____ Final Position _____

Name & Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

Previous Employer _____ Address _____

Telephone No. _____ Start Date _____ Starting Position _____

Date Left _____ Final Salary _____ Final Position _____

Name & Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

Miscellaneous:

Are you a registered voter in Franklin County? Yes _____ No _____

Are you an U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes _____
No _____

Did a particular person refer you to this office? Yes _____ No _____ If yes, by whom?

Do you have any relatives working for city, county, or state government? Yes _____ No _____
If yes, state name and place of employment:

Are there any hours you cannot or will not work?

Do you have a physical or medical condition, which would limit your ability to perform usual office tasks, such as lifting boxes, using computer display terminals, cashier equipment, or sitting or standing for extended periods of time?

(This list is not inclusive of requirements.) Yes _____ No _____

If yes, what can be done to accommodate your limitation?

If there is any other task you are unable or limited to perform, please state

Are you taking any medications, which could impair your ability? Yes _____ No _____
If yes, please explain:

Our usual office attendance policy is 40 hours per week for full-time employment. Can you meet this requirement?

Yes _____ No _____

If hired, how soon could you begin work?

If a position were offered to you, would you submit to and pass a drug test administered by a professional?

Yes _____ No _____

Have you been convicted of a Felony? Yes _____ No _____ Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date & type of job for which you are applying will be considered. If yes, please explain fully:

References will be checked, as well as public records for criminal activity. Do you have any objections?

Yes _____ No _____

If yes, please elaborate:

References:

List three (3) professional or character references that this office has permission to contact for a **Professional Recommendation**. Please do **not** list any relatives or duplicate supervisors whom you may have listed elsewhere on this application.

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>PROFESSIONAL or PERSONAL REFERENCE</u>
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I hereby attest that the above information is true and accurate to the best of my knowledge. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

Signature

Date

Please Submit To:

Franklin County Treasurers Office
ATTN: Deidre Thompson
373 S. High St. 17th Floor
Columbus, OH 43215-6306
(614) 525-4449