

APPLICATION FOR EMPLOYMENT

FRANKLIN COUNTY CORONER
AN EQUAL OPPORTUNITY EMPLOYER

Please type or print responses to all of the questions contained on the entire application.

POSITION SOUGHT:

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

FORMER NAMES:

HOME ADDRESS:

COUNTY:

CITY/STATE/ZIP:

HOME PHONE:

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in **date** order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER (Enter "NONE" if unemployed):

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: NO:

Current Employer's Address:

Current Employer's Phone Number:

Dates Employed: to

Job Title:

Supervisor's Name:

Beginning Salary: per Ending Salary: per

Describe Your Duties, Responsibilities, Equipment Operated ETC.

Why Do You Wish To Change Jobs?

If Selected, How Much Notice Will You Need to Give?

MOST RECENT PREVIOUS EMPLOYER:

Address:

Phone Number:

Dates Employed: to

Job Title:

Supervisors Name:

Beginning Salary: per Ending Salary: per

Describe Your Duties, Responsibilities, Equipment Operated, Promotions ETC.:

Why Did You Leave?

PREVIOUS EMPLOYER:

Address:

Phone Number:

Dates Employed: to

Job Title:

Supervisors Name:

Beginning Salary: per Ending Salary: per

Describe Your Duties, Responsibilities, Equipment Operated, Promotions ETC.:

Why Did You Leave?

PREVIOUS EMPLOYER:

Address:

Phone Number:

Dates Employed: to

Job Title:

Supervisors Name:

Beginning Salary: per Ending Salary: per

Describe Your Duties, Responsibilities, Equipment Operated, Promotions ETC.:

Why Did You Leave?

PREVIOUS EMPLOYER:

Address:

Phone Number:

Dates Employed: to

Job Title:

Supervisors Name:

Beginning Salary: per Ending Salary: per

Describe Your Duties, Responsibilities, Equipment Operated, Promotions ETC.:

Why Did You Leave?

PREVIOUS EMPLOYER:

Address:

Phone Number:

Dates Employed: to

Job Title:

Supervisors Name:

Beginning Salary: per Ending Salary: per

Describe Your Duties, Responsibilities, Equipment Operated, Promotions ETC.:

Why Did You Leave?

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skill, knowledge, and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED:

Address:

DID YOU GRADUATE?

HIGH SCHOOL EQUIVALENT?

Courses Pertaining To Job Applied For:

Activities, Awards, Sports, ETC:

COLLEGE OR TRADE SCHOOL ATTENDED:

Address:

Dates of Attendance: TO

DID YOU GRADUATE? DEGREE:

Courses Pertaining To Job Applied For:

Activities, Awards, Sports, ETC.:

GRADUATE SCHOOL(S) ATTENDED:

Address:

DID YOU GRADUATE? DEGREE:

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

Do you have any commitments (I.E. SECOND JOB, SCHOOL, ETC.) which might interfere with, or adversely affect your employment should we select you for a position?

YES NO

If yes, please explain:

Have you ever previously applied for employment with this department?

If yes, what was the approximate date?

Do you have any friends or relatives who currently work for the Franklin County Coroner's Office? YES NO

If yes, give person's name and department:

PLEASE LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

NAME:

Address:

Phone:

NAME:

Address:

Phone:

NAME:

Address:

Phone:

NAME:

Address:

Phone:

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, as a condition of the pre-employment process, I may be required to take any pre-employment examinations that the employer deems to be necessary to determine my fitness for duty. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials:

2. I understand and accept that the employer provides a seven day per week and twenty-four hours per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials:

3. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials:

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAW OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant Signature)

(Date)