

OFFICE (740)962-3171 OFFICE FAX (740)962-3703 GARAGE (740)962-2041 GARAGE FAX (740)962-2440

MORGAN COUNTY HIGHWAY SEASONAL APPLICATION

FULL NAME	
TELEPHONE NUMBER	EMAIL ADDRESS
ADDRESS	CITY
STATE	ZIPCODE
COUNTY	

PLEASE ATTACH RESUME AT END OF APPLICATION OR IN EMAIL SUBMITTAL TO Kiley.apperson@morgancounty-oh.gov OR TURN IN TO THE ENGINEERS OFFICE ROOM 208 AT 155 E. MAIN ST. MCCONNELSVILLE, OH 43756

*THE MORGAN COUNTY ENGINEER IS AN EQUAL OPPORTUNITY EMPLOYER. THE CIVIL RIGHTS ACT OF 1954 PROHIBITS DISCRIMINATION IN EMPLOYMENT DUE TO RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.



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DATE OF BIRTH
SOCIAL SECURITY NUMBER
EMERGENCY CONTACT NAME
EMERGENCY CONTACT PHONE #
DRIVERS LICENSE # EXP. DATE
DO YOU HAVE CDL YES NO IF YES CLASS
IF NO ARE YOU WILLING TO GO THROUGH CDL TRAINING YES NO
LIST OF ANY OTHER LICENSES OR CERTIFICATES
AFTER SEASONAL WORK, ARE YOU INTERESTED IN A FULL TIME POSITION WITH THE
MORGAN COUNTY HIGHWAY DEPARTMENT YES NO, I HAVE OTHER PLANS
ARE YOU AVAILABLE TO WORK MONDAY - FRIDAY 7AM - 3:30PM, AND WHEN THE UNION
VOTES AND PASSES 4- 10s MONDAY - THURSDAY 6AM - 4:30PM YES NO
ARE YOU AVAILABLE TO WORK OVERTIME WHEN NEEDED? YES NO
NAME, POSITION AND RELATIONSHIP OF ANY RELATIVES OR IN-LAWS EMPLOYED BY ANY
PUBLIC (GOVERMENT) AGENCY



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1) TITLE OF YOUR PRESENT OR MOST RECENT POSITION			
COMPANY NAME			
PHONE NUMBER			
FROM: MONTH & YEAR, TO MONTH & YEA	AR OR PRESENT		
CITY, STATE, ZIP CODE			
NAME OF IMMEDIATE SUPERVISOR			
CONTACT NUMBER FOR SUPERVISOR		_	
TOTAL YRS WORKED	HOURS WORKED	· · · · · · · · · · · · · · · · · · ·	
SALARY			
REASON FOR LEAVING			
DESCRITION OF DUTIES			
	9		
2) TITLE OF PREVIOUS POSITION			
COMPANY NAME			
PHONE NUMBER			
FROM: MONTH & YEAR, TO MONTH & YEAR OR PRESENT			
CITY, STATE, ZIP CODE			
NAME OF IMMEDIATE SUPERVISOR			
CONTACT NUMBER FOR SUPERVISOR			
TOTAL YRS WORKED	HOURS WORKED		
SALARY	•		
DEASON FOR LEAVING			



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NAME OF HIGH SCHOOL	HIGHEST GRADE
COMPLETED	
DID YOU GRADUATE YES NO IF NO, G	ED RECIEVED? YES NO
1)COLLEGE OR UNIVERSITY	
DATES ATTENDED	 ;;
MAJOR	
CREDIT HOURS	
GRADUATION DATE	
DEGREE	
2) COLLEGE OR UNIVERSITY DATES ATTENDED	
MAJOR	,
CREDIT HOURS	
GRADUATION DATE	
DEGREE	
ADDITIONAL REMARKS, SPECIAL SKILLS, OTHER COUR	
I PLAN TO ATTEND	ON DATE
TO STUDY	



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MORGAN COUNTY HIGHWAY SEASONAL APPLICATION

REFERENCES

(DO NOT USE RELATIVES)

	NAME	 8:		
	ADDRESS			
	PHONE NUMBER			
	POSITION/TITLE			
	NAME			
	ADDRESS			
	PHONE NUMBER			
	POSITION/TITLE	· .		
	NAME			
	ADDRESS			
	PHONE NUMBER	YEARS KNOWN		
	POSITION/TITLE			
CERTIFICATE OF APPLICANT: I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OF MATERIAL FACTS WILL BE SUBJECT TO DISQUALIFICATION OR DISMISSAL.				
S	GNATURE	DATE		

PLEASE ATTACH RESUME AND EMAIL TO Kiley.apperson@morgancounty-oh.gov OR HAND IN AT THE ENGINEER'S OFFICE LOCATED IN THE REICKER BUILDING ROOM 208 AT 155 E. MAIN ST. MCCONNELSVILLE OH 43756