

MORGAN COUNTY ENGINEER
155 EAST MAIN ST. ROOM 208
MCCONNELSVILLE, OH 43756

**SUMMER EMPLOYMENT
FOR
MORGAN COUNTY HIGHWAY DEPARTMENT**

PRINT FULL NAME

TELEPHONE NUMBER

STREET

CITY STATE ZIP CODE

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.

PLEASE PRINT IN INK OR TYPE INFORMATION

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

PERSON TO NOTIFY IN AN EMERGENCY _____

TELEPHONE NUMBER _____

DRIVERS LICENSE NUMBER _____ EXPIRATION DATE _____

DO YOU HAVE YOUR CDL _____

LIST OTHER LICENSES OR
CERTIFICATES _____

AVAILABILITY FOR SHIFT ___ DAY ___ NIGHT ___ WEEKENDS ___ PART TIME

NAME POSITION AND RELATIONSHIP OF ANY RELATIVE OR IN-LAW EMPLOYED BY ANY PUBLIC
(GOVERNMENT)
AGENCY _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC
OFFENSE WITHIN THE PAST 5 YEARS ___ YES ___ NO
IF YES
EXPLAIN _____

HAVE YOU BEEN CONVICTED OF BRIBERY AT ANY TIME IN YOUR LIFE UNDER SECTION 2921.02 OF
THE OHIO REVISED CODE ___ YES ___ NO
PRIOR CONVICTION FOR A MISDEMEANOR OR FELONY BY ITSELF WOULD NOT NECESSARILY
PRECLUDE YOU FROM EMPLOYMENT WITH THE COUNTY.

EXPERIENCE

GIVE YOUR COMPLETE EMPLOYMENT RECORD, INCLUDING RELEVANT VOLUNTEER EXPERIENCE. IF YOU WERE EMPLOYED UNDER ANY OTHER NAME, WRITE IN THE NAME BY WHICH YOU WERE KNOWN TO YOUR EMPLOYER. IN ADDITION, LIST ANY EXPERIENCE OF THE KIND REQUIRED FOR THIS POSITION. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SHEET OF PAPER.

1) TITLE OF YOUR PRESENT OR MOST RECENT POSITION

COMPANY NAME _____

PHONE: _____

FROM: MONTH & YEAR _____

TO: MONTH & YEAR _____

CITY, STATE, ZIP CODE _____

NAME OF TITLE OF IMMEDIATE SUPERVISOR _____

TOTAL YEARS WORKED _____ HOURS WORKED _____

SALARY _____

REASON FOR LEAVING _____

DESCRIPTION OF

DUTIES _____

2) TITLE OF POSITION YOU HELD BEFORE THE ONE ABOVE

COMPANY NAME _____

PHONE _____

FROM: MONTH & YEAR _____

TO: MONTH & YEAR _____

CITY, STATE, ZIP CODE _____

NAME OF TITLE OF IMMEDIATE SUPERVISOR _____

TOTAL YEARS WORKED _____ HOURS WORKED _____

SALARY _____

REASON FOR LEAVING _____

DESCRIPTION OF DUTIES _____

EDUCATION

NAME OF SCHOOL _____
HIGHEST YEAR COMPLETED (CIRCLE) 1 2 3 4 5 6 7 8 9 10 11 12
DID YOU GRADUATE _____ YES
_____ NO IF A NO@ RECEIVED GED? ___ YES ___ NO

1) NAME OF COLLEGE OR UNIVERSITY

DATES ATTENDED (FROM - TO) _____
MAJOR _____
CREDIT HOURS _____
GRADUATION DATE _____
DEGREE _____

2) NAME OF COLLEGE OR UNIVERSITY

DATES ATTENDED (FROM-TO) _____
MAJOR _____
CREDIT HOURS _____
GRADUATION DATE _____
DEGREE _____

USE THIS SPACE FOR ADDITIONAL REMARKS, SPECIAL SKILLS, ETC AND OTHER COURSES,
TRAINING.

REFERENCES (DO NOT LIST RELATIVES)

NAME _____
ADDRESS _____
TELEPHONE _____ POSITION _____

NAME _____
ADDRESS _____
TELEPHONE _____ POSITION _____

**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 SUBJECT TO DISQUALIFICATION OR
DISMISSAL.**

SIGNATURE _____ DATE _____