



Franklin County Engineer's Civil Service Application

Dean C. Ringle, P.E., P.S.— Franklin County Engineer

Franklin County is an Equal Opportunity Employer and provider of ADA services.

INSTRUCTIONS TO APPLICANTS:

Submit completed applications to:

Franklin County Engineer's Office
Attn: Human Resources
970 Dublin Road
Columbus, OH 43215.

SEASONAL

Please note that applications are kept for two years from the date of receipt. It is the responsibility of the applicant to assure that this form is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete ALL sections of this application - those lacking sufficient information will be rejected. Also note that this completed form will become a public record when submitted to a government agency.

PERSONAL INFORMATION

Social Security Number	Last Name	First Name	Middle Initial
Home Address (Street Number and Name)		City	County
State	Zip Code	Primary Phone	Secondary Phone

JOB(S) APPLIED FOR

Enter below the specific titles of the job(s) for which you are applying:

CHECK the type(s) of work for which you are applying:

1. Permanent full-time
 2. Permanent part-time
 3. Temporary full-time
 4. Temporary part-time
 5. Intern/Seasonal Help

COUNTY EMPLOYMENT

Are you currently a County employee?

- YES NO

If YES, please provide Job Title and Agency

Have you ever been employed in state or county service in Ohio?

- YES NO

If YES, please provide Job Title and Agency

CRIMINAL RECORD

Have you ever been convicted of an offense against the law other than a minor traffic violation? YES NO

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

If YES, please explain (you may attach an additional sheet, if necessary).

LICENSES, REGISTRATION, AND CERTIFICATIONS

DRIVERS LICENSE:

Do you have an Ohio Driver's License? Yes No

If YES, please provide the Number _____ and Expiration Date _____

If NO, will you be able to secure a license if one is required? Yes No

Do you have a Commercial Driver's License? Yes No

If YES, type A or type B

LICENSES AND CERTIFICATIONS:

License/Certification Issued By:	Field/Trade/Specialization	License/Certificate Number	Expiration Date

EDUCATION AND TRAINING**Education**

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Are you currently attending school? YES NO

In the table below, under Sem/Qtr Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location (city, state)	Date Attended (mo/yr) From: To:	Grad?	Sem/ Qtr Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
GED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/ University			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/ University			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Related training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate courses taken and credits received:

Membership in professional, honorary, or technical societies (list):

SKILLS

List special equipment you can operate:

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software:

List any special clerical skills, including typing and shorthand:

Typing speed: _____

List any additional relevant skills you have:

WORK HISTORY (include volunteer and military experience) If additional space is required, you may attach extra sheets.

- Note:
- List SEPARATELY each job held when you worked for one employer and held more than one position.
 - You must complete the work history portion of this application in order to be considered for employment. A resume may be submitted IN ADDITION TO the completion of this section.
 - Start with current or most recent employer

Current or Last Employer:		Address:			
Job Title:		Supervisor's Name:	Telephone Number:	# of persons supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	May we contact this Employer?		
Date Separated (mo/yr)	Reason for leaving				
Full Time Years Months	List major duties in order of importance in the job:				
Part Time Years Months					
If part time, average # of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name:	Telephone Number:	# of persons supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	May we contact this Employer?		
Date Separated (mo/yr)	Reason for leaving				
Full Time Years Months	List major duties in order of importance in the job:				
Part Time Years Months					
If part time, average # of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name:	Telephone Number:	# of persons supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	May we contact this Employer?		
Date Separated (mo/yr)	Reason for leaving				
Full Time Years Months	List major duties in order of importance in the job:				
Part Time Years Months					
If part time, average # of hours worked per week:					



Franklin County Engineer's Civil Service Application Addendum

Equal Employment Opportunity Information

Dean C. Ringle, P.E., P.S.— Franklin County Engineer

Franklin County is an Equal Opportunity Employer and provider of ADA services.

We request that you fill in the following information in order to assist our equal employment opportunity efforts. This information is voluntary and will in no way affect the processing of your application or your being considered for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. **Do not include your name on this page.**

Date of Birth _____ (Month) (Day) (Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	How did you learn about this position? <input type="checkbox"/> Electronic/computer posting <input type="checkbox"/> Paper vacancy posting <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____
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ETHNIC GROUP

1. White (non-Hispanic; includes Arabians)
2. Black (non-Hispanic; includes Jamaicans, Bahamians and other Caribbean peoples of African but not Hispanic or Arabian descent)
3. Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin/culture)
4. Asian (includes Pacific Islanders, Pakistanis and Indians)
5. American Indian (includes Alaskan natives)
6. Other (if you feel you do not fit into one of the above categories please elaborate) _____

DISABILITY- Information reported on this form will be kept confidential as required by law.

As defined by the Americans with Disabilities Act (1990), "Disability means, with respect to an individual, (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment."

Are you an individual with a disability, as defined above? If YES, check all that apply.

- | | |
|--|---|
| <p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss or limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use a wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> | <p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Other (please specify) _____</p> |
|--|---|

MILITARY SERVICE

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

YES NO

If YES, do you wish to declare a service-connected disability? YES NO

If YES, are you a Vietnam , a Desert Storm/Shield , or other veteran (please specify) _____?

Are you a member of the Military Reserves? YES NO

If YES, please provide your Branch: _____ and Rank: _____