

# OFFICE OF THE SHERIFF HOLMES COUNTY

Timothy W. Zimmerly  
Sheriff

Richard L. Haun Jr.  
Chief Deputy

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Holmesville, OH 44633



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Emergency: DIAL 9-1-1

Applicants for employment with the County are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without discrimination based on race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

Applicants may request reasonable accommodation in the application/interview process.

**PLEASE COMPLETE ENTIRE APPLICATION IN INK – Typewritten applications will not be considered.**

NAME: _____				
LAST	FIRST	MIDDLE		
ADDRESS: _____				
STREET	CITY	STATE	ZIP CODE	
TELEPHONE: _____		SOCIAL SECURITY NUMBER: _____		
DRIVER'S LICENSE NUMBER: _____		STATE OF ISSUE: _____		
APPLICATION DATE: _____		VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service _____		
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## PERSONAL DATA

Position(s) Desired:  Communications/Corrections  Road Patrol  Reserves  Clerical

Date available to start? \_\_\_\_\_

Have you previously applied for a job with the County?  Yes  No When? \_\_\_\_\_

Have you ever been employed by the County?  Yes  No Dates: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you related to anyone employed by the County?  Yes  No

State name and relationship: \_\_\_\_\_

Do you have a valid Ohio driver's license?  Yes  No

Has your driver's license been suspended or revoked within the last 3 years?  Yes  No

Do you have any time commitments that might interfere with your employment?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been employed by another public employer in Ohio?  Yes  No

If Yes, provide place and dates of service \_\_\_\_\_

Are you aware of anything that will prevent or hinder your ability to perform the specific tasks of the job(s) for which you are applying?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you every been dismissed from or asked to resign from any employment position?  Yes  No

If Yes, please explain: \_\_\_\_\_

### EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?	DATE OF GRADUATION
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER SCHOOLS ATTENDED					
OTHER (SPECIFY)					

### EMPLOYMENT DATA

List all previous employment for the last ten years in chronological order – last position first – including U.S. Military. Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM _____ TO _____	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM _____ TO _____	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM _____ TO _____	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

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If employed, why do you wish to leave your present employer?

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May we contact your present employer for a reference?

Yes  No

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Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

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List professional organization memberships and offices held, excluding those which would indicate race, color, religion, sex, age, national origin, political affiliation, disability and/or ancestry:

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**PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES**

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

Application Check-list – Have you completed the following before submitting this application?

- Complete signed and dated application       Complete signed and dated Driving Eligibility form  
 Complete Equal Employment Opportunity Form

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**CERTIFICATION**

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information. I also give my consent to contact the State Bureau of Motor Vehicles for a Moving Vehicle Violation Report. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

I understand that there is no guarantee of a job offer or job interview when completing this application and that my application will be considered with others who have submitted applications. Decisions about interviews will be based on this comparison, as well as other factors. I further understand that due to the large number of applications received and the competitive nature of the employment process, specific reasons for employment decisions will not be released.

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Applicant's Signature

Date

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This application will be active for one (1) year from the date signed. After one (1) year, an applicant must re-file for further consideration.

**FOR INTERNAL USE ONLY**

ARRANGE INTERVIEW:

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Interviewer's Signature

Date

EMPLOYED:     YES     NO    STARTING DATE: \_\_\_\_\_    STARTING RATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_



HOLMES COUNTY  
**EQUAL EMPLOYMENT OPPORTUNITY FORM**

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The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on **race, color, religion, sex, national origin, disability, age or ancestry**. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on **race, religion, sex or national origin**.

The Ohio Administrative Code, Section 4112-5-04, requires the Board of Holmes County Commissioners to record and report the information listed below. Please help us comply by providing the answers to the following questions.

This Equal Employment Opportunity Form will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: \_\_\_\_\_

RACE/ETHNIC GROUP:            American Indian/Alaskan Native  
    Asian/Pacific Islander  
    Hispanic  
    Black  
    White  
    Other

SEX:                                Female  
    Male

VIETNAM ERA VETERAN:        Yes  
    No

DISABLED VETERAN:            Yes  
    No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

Yes  
 No

Referred by:    Job Posting                    Newspaper: \_\_\_\_\_  
                          Friend                                Other (please specify): \_\_\_\_\_

Thank you for filling out this form.

**THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY**

# DRIVING ELIGIBILITY APPLICATION

TO BE INCLUDED IN THE APPLICATION FOR ALL PROSPECTIVE NEW EMPLOYEES ESPECIALLY THOSE WHO MAY ON OCCASION DRIVE A COUNTY VEHICLE OR ANY OTHER VEHICLE ON BEHALF OF THE COUNTY.

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FIRST, MIDDLE & LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OHIO DRIVER LICENSE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

(THE ABOVE INFORMATION IS REQUIRED BY THE STATE OF OHIO TO RUN A MVR)

POSITION APPLIED FOR \_\_\_\_\_

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I MUST HAVE A CURRENT AND VALID OHIO DRIVER'S LICENSE AND AN ACCEPTABLE DRIVING RECORD WHICH MEETS THE STANDARDS OF THE COUNTY'S AUTO LIABILITY INSURER. I UNDERSTAND THAT I MUST PAY FOR THE COUNTY TO OBTAIN A COPY OF MY DRIVER'S ABSTRACT REPORT.

I FURTHER UNDERSTAND THAT I MUST PROVIDE, WITH MY APPLICATION, PROOF OF PERSONAL AUTO LIABILITY INSURANCE THAT MEETS THE REQUIREMENTS OF THE STATE OF OHIO AND EXISTING COUNTY MINIMUM REQUIREMENTS.

## QUESTIONNAIRE:

DURING THE PREVIOUS THREE (3) YEARS HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING:

1. HAD AUTOMOBILE INSURANCE REJECTED, CANCELLED, REFUSED OR BEEN IN A HIGH RISK INSURANCE PROGRAM? \_\_\_\_\_  
\_\_\_\_\_
2. BEEN INVOLVED IN ANY ACCIDENT EITHER AT FAULT OR NOT AT FAULT? \_\_\_\_\_  
\_\_\_\_\_
3. BEEN ARRESTED FOR ANY TRAFFIC RELATED INCIDENTS? \_\_\_\_\_  
\_\_\_\_\_
4. HAD ANY TRAFFIC VIOLATIONS OTHER THAN PARKING? \_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE ALL DETAILS INCLUDING DATE AND LOCATION FOR ANY QUESTIONS THAT WERE ANSWERED BY "YES".

I UNDERSTAND THAT BY GIVING INCORRECT INFORMATION OR BY OMITTING INFORMATION I AM FALSIFYING MY APPLICATION AND THEREFORE SUBJECT TO DISMISSAL IF HIRED. I FURTHER AGREE THAT THE COUNTY AS MY EMPLOYER MAY CHECK MY DRIVING RECORD AT ANY TIME. I FURTHER AGREE TO REPORT TO MY SUPERVISOR ANY ACCIDENTS, ARRESTS, SUSPENSIONS, OR CANCELLATION OF PERSONAL INSURANCE AS SOON AS POSSIBLE AFTER THEY OCCUR AND PRIOR TO DRIVING ANY VEHICLE ON BEHALF OF THE COUNTY.

PRIOR TO DRIVING ON BEHALF OF THE COUNTY: I AM FAMILIAR WITH THE COUNTY RESOLUTION REQUIRING DISCIPLINE FOR A POOR DRIVING RECORD. I UNDERSTAND ALL OF THE ABOVE AND AGREE TO ALL REQUIREMENTS. I FURTHER ATTEST THAT ALL STATEMENTS MADE BY ME IN THIS REPORT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE