



GEAUGA COUNTY ENGINEER

12665 Merritt Road  
Chardon, Ohio 44024

Phone: 440-279-1800 Fax: 440-285-9864 Email: gcejobs@co.geauga.oh.us

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sex, sexual orientation, or military status, in any of its activities or operations.

**PERSONAL INFORMATION**

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name First Name Middle Name

\_\_\_\_\_ Street Address City State Zip Code

\_\_\_\_\_ Phone Cell Phone E-Mail

Are you 18 years of age or older? Yes No

\_\_\_\_\_ Referred by whom How did you hear about the position?

\_\_\_\_\_ Position for which you are applying

\_\_\_\_\_ Date you can start Salary Requirement

EDUCATION	Name & Location	Did You Graduate?	Subjects Studied & Degree(s) Received
College			
High School			
Other			

EQUIPMENT KNOWLEDGE

List all equipment & machines you can operate:

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EMPLOYMENT RECORD (Please list most current job first)

May we contact your present employer?      Yes      No

Dates Employed	Name & Address of Employer	Salary	Position	Reason for Leaving

REFERENCES: List below three (3) persons, not related to you, whom you have known at least one year.

Name	Address & Phone Number	Occupation	Years Acquainted

Person to notify in case of emergency: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Home Phone (Cell) Work Phone

DRIVERS LICENSE

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Expiration Date

Type of License:            Operator                    C.D.L.

If C.D.L. list Class and Endorsements:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above stated drivers' license is current and valid in the State of Ohio.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

List any special training, skills and qualifications gained through past employment or experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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AUTHORIZATION

I certify that the information in this application is correct to the best of my knowledge and understand that misrepresentation or falsification of this application is grounds for dismissal. If employed, I agree to conform to the rules and regulations of the Geauga County Engineer. I authorize investigation of any or all statements made in this application, and authorize the references listed to give any and all information about my personal and/or employment qualities as may be necessary in arriving at an employment decision, and release all parties from all liability for any damages that may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date