



**COURT OF COMMON PLEAS, MONTGOMERY COUNTY**  
**DOMESTIC RELATIONS DIVISION**

301 West Third Street • P. O. Box 972  
Dayton, Ohio 45422-2160  
(937) 225-4063 • Fax: (937) 496-7443

**DENISE L. CROSS, ADMINISTRATIVE JUDGE**

**TIMOTHY D. WOOD, JUDGE**

**APPLICATION FOR EMPLOYMENT**

Print clearly. Use black ink. Press firmly and answer all questions.

1. Name: \_\_\_\_\_  
Last First Middle
2. Address: \_\_\_\_\_  
Street City County State Zip Code
3. Phone Number: Home: \_\_\_\_\_ Alternative: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. For which position, or type of work are you applying? A. \_\_\_\_\_  
B. \_\_\_\_\_ C. \_\_\_\_\_
6. When will you be available? \_\_\_\_\_
7. Are you available for:  Regular, full-time employment  Part-time employment  Temporary employment  
 Seasonal employment  Intermittent employment
8. Have you worked for Montgomery County, the State of Ohio, or any political subdivision before?  
 Yes  No If yes, when? \_\_\_\_\_ Which department? \_\_\_\_\_
9. Do you have any relatives currently employed by Montgomery County?  Yes  No  
If yes, what department? \_\_\_\_\_
10. Are you 18 or over?  Yes  No
11. Whom shall we contact in case of emergency? Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. Are you capable of performing the material and substantial duties of the classification(s) position(s) that your are applying for with or without reasonable accommodation?  Yes  No
13. Do you meet the minimum qualifications for the classification for which you are applying? \_\_\_\_\_
14. REFERENCES: Do not use relatives or past employers previously listed.

Name	Present Business or Home Address	Phone
1.		
2.		
3.		

**MILITARY SERVICE INFORMATION**

Branch of Service: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Total Length of Service Time: \_\_\_\_\_

Reserve or National Guard Status: \_\_\_\_\_

**15. EMPLOYMENT HISTORY**

Account for ALL TIMES for the past TEN years, including periods of unemployment. INDICATE NAME USED IF OTHER THAN SIGNATURE ON THIS APPLICATION. Begin with PRESENT position or occupation. In addition, list any other QUALIFYING experience PRIOR to the last 10 years. (If you need more room, USE A SEPARATE SHEET OF PAPER.) A RESUME is both welcomed and urged in addition to completion of this application. It will become an official part of the application, but may not be substituted for any part of this application.

A. Company Name: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Title: \_\_\_\_\_ Date: from mo. \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ yr. \_\_\_\_\_

Your Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

B. Company Name: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Title: \_\_\_\_\_ Date: from mo. \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ yr. \_\_\_\_\_

Your Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

C. Company Name: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Title: \_\_\_\_\_ Date: from mo. \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ yr. \_\_\_\_\_

Your Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

D. Company Name: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Title: \_\_\_\_\_ Date: from mo. \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ yr. \_\_\_\_\_

Your Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

16. Skills: typing \_\_\_\_\_ wpm \_\_\_\_\_; shorthand/notehand \_\_\_\_\_ wpm \_\_\_\_\_; computers \_\_\_\_\_

Other: \_\_\_\_\_

17. Current special licenses: (i.e., attorney, [JD], social worker [LSW, LPC, LPCC] etc.)

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

18. List other special equipment operated in previous jobs: \_\_\_\_\_

19. **EDUCATION**

Circle the highest grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Graduated?  Yes  No GED?  Yes  No

Are you currently enrolled in school?  Yes  No If yes, \_\_\_\_\_  Part-time  Full-time  
Name of Institution

	Number of Years Completed	Did You Graduate?	Course of Study	Give types of degree, credits earned, or other documents awarded
College Name • (Undergraduate) _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College Name • (Undergraduate) _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College Name • (Undergraduate) _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College Name • (Undergraduate) _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College Name • (Undergraduate) _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		

20. Please explain any additional knowledge, skills and abilities not previously discussed which may be of qualifying nature or helpful to you in establishing your eligibility. Include projects, hobbies, community or volunteer activities, etc.

21. **NOTE:** Montgomery County hires only United States citizens and aliens lawfully authorized to work in the United States. Verification of identity and work authorization will be required upon hiring as a condition of employment.

Certain classifications, because of the nature of the work, require pre-placement and/or periodic physical examinations which include drug/alcohol screening tests.

**ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT**

As an applicant for employment with Montgomery County, Ohio, I understand and agree that the County may make a thorough investigation of my past employment and activities. Upon consideration for employment, the investigation may be expanded to include (but not limited to) my motor vehicle operator's license status, police record and/or convictions. I hereby release you, your organization or other from any liability or damages which may result from the exchange of the information requested. I also certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand a false answer or material omissions may be grounds for dismissal from employment of Montgomery County.

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Signed

Date