



FRANKLIN COUNTY RECORDER'S OFFICE

APPLICATION FOR EMPLOYMENT

We Are An Equal Opportunity Employer
Committed To Diversity In The Workplace

PERSONAL INFORMATION

| | | | | | |
|--|---|-------|--------|----------|----------------|
| NAME LAST | | FIRST | MIDDLE | | DATE |
| PRESENT ADDRESS STREET | | CITY | STATE | ZIP CODE | LENGTH OF TIME |
| PERMANENT ADDRESS STREET (OPTIONAL) | | CITY | STATE | ZIP CODE | LENGTH OF TIME |
| PRIMARY PHONE | ALTERNATE PHONE | | E-MAIL | | |
| ARE YOU LEGALLY AUTHORIZED OR PERMITTED TO WORK IN THE UNITED STATES? YES ___ NO ___ | HAVE YOU BEEN PREVIOUSLY EMPLOYED BY FRANKLIN COUNTY? YES ___ NO ___ IF YES, LIST OFFICE(S) AND DATES OF SERVICE. _____ | | | | |
| PLEASE LIST ANY OTHER NAME YOU HAVE USED OR BEEN KNOWN BY, DATES USED, AND REASON FOR USE. | | | | | |

PLACEMENT INFORMATION

| | | | |
|--|--------------------|---|-------------|
| POSITION OR TYPE OF WORK DESIRED | | ARE YOU INTERESTED IN: ___ FULL TIME ___ PART TIME ___ SEASONAL/TEMP | |
| SALARY DESIRED | DATE AVAILABLE | WHO/HOW WERE YOU REFERRED TO THE OFFICE? | |
| HAVE YOU EVER BEEN EMPLOYED BY <u>ANY</u> OFFICE OR AGENCY OF FEDERAL, STATE, LOCAL, OR OTHER GOVERNMENT? ___ YES ___ NO IF YES, WHEN AND WHERE | | | |
| SKILLS: CHECK THE BOXES WHICH APPLY TO YOUR EXPERIENCE. | | | |
| TYPING ___ WPM | DATA ENTRY ___ KPH | ADDING MACHINE | ACCESS |
| PERSONAL COMPUTER | MS WORD | EXCEL | OTHER _____ |

EDUCATION RECORD

| | | | |
|--|-------------|--------|--------------------|
| LIST LAST HIGH SCHOOL AND ALL BUSINESS, TRADE, MILITARY SCHOOLS AND COLLEGES ATTENDED | | | |
| NAME/LOCATION OF SCHOOL | MAJOR/MINOR | DEGREE | CUMULATIVE AVERAGE |
| | | | |
| | | | |
| EXTRACURRICULAR, PROFESSIONAL, OR COMMUNITY ACTIVITIES (INCLUDE OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, ETC.)* | | | |

THE FRANKLIN COUNTY RECORDER'S OFFICE DOES NOT DISCRIMINATE IN HIRING OR TERMS OR CONDITIONS OF EMPLOYMENT ON THE BASIS OF AGE, SEX, RACE, COLOR, CREED, ANCESTRY, RELIGION, DISABILITY, NATIONAL ORIGIN, CITIZENSHIP STATUS, VETERAN STATUS, MARITAL STATUS, MILITARY STATUS, SEXUAL ORIENTATION, GENDER INDENTITY OR EXPRESSION, PREGNANCY, MEDICAL CONDITION OR ANY UNLAWFUL NON-JOB OR NON-BUSINESS RELATED FACTORS OR ANY OTHER BASIS UPON WHICH DISCRIMINATION IS PROHIBITED BY THE MUNICIPAL, STATE, OR OTHER FEDERAL LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION. YOU ARE NOT REQUIRED TO LIST ACTIVITES WHICH MAY REVEAL YOUR RACE, RELIGION, SEX, OR NATIONAL ORIGIN.

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST.

| | | |
|--|----------------------------------|-------------------|
| PRESENT/LAST EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME |
| ADDRESS | DATES EMPLOYED _____ TO _____ | |
| POSITION TITLE | | |
| SUMMARY OF DUTIES | | |
| REASON FOR LEAVING OR SEEKING CHANGE OF POSITION | | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____ PHONE () _____ | | |
| PREVIOUS EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME |
| ADDRESS | DATES EMPLOYED _____ TO _____ | |
| POSITION TITLE | | |
| SUMMARY OF DUTIES | | |
| REASON FOR LEAVING OR SEEKING CHANGE OF POSITION | | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____ PHONE () _____ | | |
| NEXT PREVIOUS EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME |
| ADDRESS | DATES EMPLOYED _____ TO _____ | |
| POSITION TITLE | | |
| SUMMARY OF DUTIES | | |
| REASON FOR LEAVING OR SEEKING CHANGE OF POSITION | | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____ PHONE () _____ | | |

OCCUPATIONAL REFERENCES

(LIST PERSONAL REFERENCES ONLY IF YOU HAVE NO OCCUPATIONAL REFERENCES)

| | | | |
|---|------|------------|------------------|
| CHECK ONE ____ OCCUPATIONAL REF. ____ PERSONAL REF. | NAME | OCCUPATION | YEARS ACQUAINTED |
| ADDRESS STREET | CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | | | |
| CHECK ONE ____ OCCUPATIONAL REF. ____ PERSONAL REF. | NAME | OCCUPATION | YEARS ACQUAINTED |
| ADDRESS STREET | CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | | | |

IMPORTANT, READ BEFORE SIGNING

The filing of an application with The Franklin County Recorder's Office is a preliminary step to employment. It does not obligate The Franklin County Recorder's Office to offer employment, or the applicant to accept employment. An offer of employment, if made, is for employment at will and is not to be construed as a guarantee of continued employment. The Franklin County Recorder's Office reserves the right to terminate the employment of any employee at any time. Any employee also has the right to terminate his or her employment with The Franklin County Recorder's Office at any time.

I authorize investigation of all matters contained in this application which The Franklin County Recorder's Office may deem relevant to my employment or as required by law and authorize my previous employers or other persons having information concerning me or my record to report such information to The Franklin County Recorder's Office and such persons are hereby released from all liability for issuing such information. I understand and agree that I will be subject to immediate dismissal if it is subsequently discovered that the information herein is untrue or that have failed to disclose a material fact. I understand that if employed by The Franklin County Recorder's Office, such employment will occur at will and no contract of employment, expressed or implied, is created and that no representative of The Franklin County Recorder's Office has any authority to enter into any agreement for employment of any specified period of time, or to make any agreement contrary to the foregoing. I understand that if I receive an offer of employment and I accept the position, I will be required to complete additional information necessary for record keeping requirements.

NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT

As part of our employment process, an investigative consumer report, as governed by the Fair Credit Reporting Act or any similar state or local statute, may be requested. However, requests will not be made without your prior written authorization.

Signature _____ **Date** _____