

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Mail to:

JB GREEN TEAM

Jefferson County Office

228 Technology Way, Steubenville, OH 43953
(740) 266-6899

Belmont County Office

67895 Pickering Road, St. Clairsville, OH 43950
(740) 296-5376

Please type or print responses to all of the questions contained on the entire application form.

POSITION SOUGHT: _____
PAST NAME: _____ FIRST NAME: _____ MI: _____
FORMER NAME(S): _____
HOME ADDRESS: _____ COUNTY: _____
CITY/STATE/ZIP: _____ EMAIL: _____
HOME PHONE: _____ CELL PHONE: _____

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO? YES No

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____

(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

Yes No

ADDRESS: _____

PHONE: _____

DATE EMPLOYED: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

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(Continued)

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGNNING SALARY: _____ PER _____ ENDNG SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC. _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGNNING SALARY: _____ PER _____ ENDNG SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC. _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGNNING SALARY: _____ PER _____ ENDNG SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC. _____

WHY DID YOU LEAVE? _____

*If you need to list any additional previous employers,
lease use a blank sheet of paper to do so.*

EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? yes No HIGH SCHOOL EQUIVALENT? Yes No

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION

APPLIED FOR: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? Yes No DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION

APPLIED FOR: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? Yes No DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO POSITION APPLIED

FOR: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

DO YOU HAVE ANY (IE., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? Yes No

If yes, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

If yes, please explain: _____

(The Employer will only consider specific crimes related to qualifications for position applied for.)

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(Continued)

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

Yes No

*Please list three references who are not related to you that
you have known at least one year*

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

*Please answer the following questions if they are applicable to
the position or which you are applying*

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE? Yes No

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? Yes No

DO YOU POSSESS A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE?

Yes No

IF YES, WHAT CLASS OF LICENSE? _____

WHAT CDL ENDORSEMENTS? _____

IF NO, CAN YOU OBTAIN PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE
AND ENDORSEMENTS, FOR THE POSITION YOU ARE APPLYING FOR,
PRIOR TO EMPLOYMENT? Yes No

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(Continued)

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing

Initials:

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials:

3. I understand and accept that it may be necessary for me to sign any waivers necessary to allow the Employer to obtain information from my current and former employers, schools, and personal references.

Initials:

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:

5. (Applicable To Law Enforcement Agencies Only)

I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials:

I SOLENNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date