

# GEAUGA COUNTY COMMISSIONERS INTERNAL JOB APPLICATION

Job Number \_\_\_\_\_

*The Applicant is responsible for filling out the application form completely.*

Position Applying For: \_\_\_\_\_ Application Date:  
\_\_\_\_\_

<i>Name:</i>		<i>Phone:</i>
<i>Address:</i>		
<i>Seniority Date:</i>	<i>Current Department:</i>	<i>Current Position:</i>

1. Have you read the description and qualifications posted for the job?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. Are you able to perform the essential functions of this job?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Are you able to meet the attendance requirements of the position?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. Drivers License Number (if driving is an essential job function): \_\_\_\_\_
5. Do you have any education or special training that qualifies you for this job?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe:

\_\_\_\_\_

6. In your opinion, what experience have you had with the County that applies to the job you are applying for?

\_\_\_\_\_

\_\_\_\_\_

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7. In your opinion, what experience have you had outside the County that applies to the job you are applying for?

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8. Additional Comments:

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**Applicant Certification and Agreement (Signature Required for Application to be Complete):**

I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Geauga County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service whenever it is discovered. I expressly authorize Geauga County, its representatives, members or agents the right to investigate and verify any information obtained through the application process. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing relevant, job related information that will assist in this process.

I recognize that an offer of employment may be contingent upon successful completion of a pre-employment drug screen, alcohol screen, background investigation, criminal record check, valid and acceptable driving record, physical, psychological, and polygraph tests. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Geauga County at any time. I understand that no representative of Geauga County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I understand that a new application must be completed for any future job postings or employment opportunities.

I certify that all information I have provided in order to apply for and obtain employment with Geauga County is true, complete, and correct.

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Applicant's Signature

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Date Signed