



OFFICE USE ONLY  
Date Received

**I. GENERAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

***In Case of Emergency Contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOURS DESIRED**

Permanent

Temporary

Summer Only

Full-Time

Part-Time

**II. Check one:**

U.S. Citizen

Permanent Resident, citizen of \_\_\_\_\_

**III. Position Applying For:**

\_\_\_\_\_

**IV. Have you had previous public sector employment? \_\_\_\_\_**

If yes, what office/agency and what was your job title? \_\_\_\_\_

**V. EDUCATION**

High School		
College		
Graduate School		
Professional Training		

Please list community or professional activities or organizations in which you participated; include office held or other leadership positions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. EMPLOYMENT HISTORY** (Please list in chronological order, most recent first)

Employer's Name & Address	Title/Position Held	Length of Employment
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\_\_\_\_\_

\_\_\_\_\_

SALARY	Duties: _____
Starting: _____	Reason for leaving: _____
Leaving: _____	Immediate Supervisor & Title: _____

\_\_\_\_\_

\_\_\_\_\_

Employer's Name & Address	Title/Position Held	Length of Employment
---------------------------	---------------------	----------------------

\_\_\_\_\_

\_\_\_\_\_

SALARY	Duties: _____
Starting: _____	Reason for leaving: _____
Leaving: _____	Immediate Supervisor & Title: _____

\_\_\_\_\_

\_\_\_\_\_

Employer's Name & Address	Title/Position Held	Length of Employment
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\_\_\_\_\_

\_\_\_\_\_

SALARY	Duties: _____
Starting: _____	Reason for leaving: _____
Leaving: _____	Immediate Supervisor & Title: _____

\_\_\_\_\_

\_\_\_\_\_

**VII. REFERENCES** (Please list three references other than relative.)

Name	Address & Phone	Occupation
1. _____		
2. _____		
3. _____		

**VIII. MILITARY EXPERIENCE** (If applicable)

When discharged: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

**IX. Briefly describe your career objectives**

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

**X. Desired Salary:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_

**XI. Have you been convicted of any infraction, other than minor traffic violations:**

Yes No

If yes, please describe: \_\_\_\_\_

Are you current on all taxes or court ordered obligations, personally or in conjunction with any business interests:

Yes No

If no, describe delinquency: \_\_\_\_\_

*I hereby attest the above information is true and complete to the best of my knowledge. I also give permission to my current and former employers, references, and educational institutions to release all information at their disposal to the Franklin County Auditor and to conduct a local background check with the proper law enforcement authorities. I realize that providing false information on this application will result in my not being considered further for employment or should I be hired, in my dismissal from employment with the Franklin County Auditor's Office.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Note to applicants:

- Complete all fields.
- If attaching a resume, note "see resume" on application where appropriate.
- Attach a copy of college, other post secondary transcript or certificate.