



APPLICATION FOR EMPLOYMENT WITH SWOCOG

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)		Date of Birth	Social Security Number	
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email Address		

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. [Add additional page if necessary] Please complete all info within this application, even if it is provided on resume.

Name of Employer		Supervisor		May we contact?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		Phone Number		
Dates Employed (Month/Year)		Pay Rate		
From	To	Starting	Final	
Job Title and Duties		Reason for Leaving		

Name of Employer		Supervisor		May we contact?	
		Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address		Phone Number			
Dates Employed (Month/Year)		Pay Rate			
From	To	Starting		Final	
Job Title and Duties		Reason for Leaving			

Name of Employer		Supervisor		May we contact?	
		Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address		Phone Number			
Dates Employed (Month/Year)		Pay Rate			
From	To	Starting		Final	
Job Title and Duties		Reason for Leaving			

Have you ever been involuntarily terminated or asked to resign from any job? Yes No

If yes, please explain

Please explain any gaps of more than a few weeks in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below. An official transcript may be required.

	School Name/Location	Diploma/ Degree (Yes/No)	Course of Study/Major/ Name of Degree Attained	Specialized Training, Skills, or Extra- Curricular Activities
High School				
College/ University				
Graduate/ Professional School				
Trade School				
Other				

BUSINESS AND PROFESSIONAL REFERENCES

SWOCOG requires two documented positive work reference checks. A copy of a recent positive employee performance evaluation may be acceptable if signed by a company official. Please list three professional work references (who are not related to you) that we may contact.

Company Name/Address	Who was Your Supervisor (Name/Position)?	Dates of Employment	Phone # or Email Address	Position Held when Employment Ended

PERSONAL REFERENCES

Please list three people who know you well and whom we may contact for personal reference if needed.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. Have you ever used another name?..... Yes No
 If so, what was it and when? _____
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your background, work, and/or educational record?..... Yes No
 If yes to either of the above, please explain:

3. Have you ever worked for SWOCOG (this company) before?..... Yes No
 a. If yes, please give dates and position: _____
4. Do you have friends and/or relatives working for SWOCOG (this company)?..... Yes No
 a. If yes, name(s) and relationship(s): _____
5. On what date are you available to begin work? _____
6. Please list any days or hours that you are not available to work: _____

7. What type of work are you seeking: Full-time Part-time As Needed Temporary
8. Minimum pay or salary required:.....Per Hour \$_____ or Per Month \$_____
9. If hired, would you have a reliable means of transportation to and from work?..... Yes No
10. Can you travel if the position requires it?..... Yes No
11. Are you at least 18 years old? Yes No
 a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
12. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

14. Reference Authorization and Release

I understand that as a result of making an application for employment with the Southwestern Ohio Council of Governments (SWOCOG), I give full permission to its officers, agents, representatives, or its duly authorized employees, to request of any former employer, person, firm, or corporation which I have given as a contact or a reference within this application, to furnish any information that may be sought concerning me, my work habits, character, or skills. I hereby authorize and approve the request of and release of all information, and hereby waive any privileges I have, and release all involved parties and referring entities from any and all liability related to the information requested or received.

Applicant Signature**Please Print Name**

Last 4 of Applicant Social Security #**Date Signed**

NOTICE: This page will be photocopied and sent to references.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask before signing.

_____ Pursuant to Ohio Administrative Code Section 5123:2-2-02, Southwestern Ohio Council of Governments (SWOCOG) is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation. For more information, please review OAC 5123:2-2-02. Your signature below verifies that you understand our requirement to conduct background checks following job offers.

_____ Your signature verifies that you understand that all prospective employees must submit to and pass a drug test following a job offer.

_____ I hereby authorize SWOCOG to thoroughly investigate references, work record, education and other information I have provided within this application form. I authorize the prior employers and references I have listed to disclose to SWOCOG any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with SWOCOG is at-will, and that neither I, nor SWOCOG is required to continue the employment relationship for any specific term. I further understand that SWOCOG or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to SWOCOG and that SWOCOG is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand that I have a responsibility to promptly report to my supervisor any accident, injury, or illness that I believe to be related to my employment. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the information given by me in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION FORM.

Signature: _____ Name (print): _____ Date: _____