SUMMER SEASONAL EMPLOYMENT FAIRFIELD COUNTY ENGINEER

The Fairfield County Engineer has an employment opportunity for summer seasonal positions. (40 hours per week/summer seasonal). Primary duties will include working as flaggers but may also consist of the following: driving pickup trucks to set out and pick up signs, driving pickup trucks to follow mowing crews, roadside litter pickup, cleaning and/or washing vehicles/equipment; cleaning/hosing down facility areas; assisting with cleaning up roadsides as work crews perform brush/tree trimming; using weed eater to trim around facility areas, other work maintenance related duties as required.

Applicants must be a high school graduate, 18 years of age, and have a valid driver's license. Applications may be picked up at the Fairfield County Engineer's Office at 3026 W. Fair Avenue; Lancaster, OH or downloaded from our website at www.co.fairfield.oh.us/Engineer. Completed applications must be returned no later than April 17, 2024, to our office or e-mailed to cheryl.downour@fairfieldcountyohio.gov.

Ohio Civil Service Application

for State and County Agencies

GEN-4268 (REVISED 3/16)

The State of Ohio Is an Equal Opportunity Employer and provider of ADA services.

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POSITION:				AGEN	AGENCY:				POSITI	POSITION NUMBER:				
are accepthe the closic	otable. App	lications lac equired by	cking the hi	sufficient i	nforma y. Pleas	tion will se be sur	not be pre to con	processe plete th	ed. Please ne entire ap	ensure y	your applicati	ion is recei	ouncement. (ived or postm submitted to	arked by
					PI	LEASE 7	ГҮРЕ О	R PRIN	T IN INK					
NAME: (Last, First, Middle)									DATE OF B	IRTH - Yea	ır Not Required Day			
ADDRES	SS: (Street, Ci	ty, State, ZII	P Cod	e)										
HOME PHONE: ALTERN				RNATE I	NATE PHONE:				E-MAIL ADDRESS:					
DRIVEI	R'S LICENSE s No	: (Optional)								LEGAL RIGHT TO WORK IN THE U.S.: Yes No				
1						F	REFER	ENCES	5					
PREFERRED SALARY:					ARE YOU WILLING TO R Yes No				ELOCATE? Maybe					
WHAT TYPE OF JOB ARE YOU LOOKING FOR? □ Regular □ Temporary					TYPES OF WORK YOU WILL ACCEPT: Full-Time									
SHIFTS Y	YOU WILL A	ACCEPT:	ng		Night		I	Rotating		☐ Wee	ekends	☐ On C	fall (as needed)	
							EDUCA	TION						
HIGH SC	HOOL NAM	E:				L	OCATIO	N: (City	y, State)		YOU GRAD Yes	UATE? □ No		
CHECK YEAR COMPLETED: ☐ 9 ☐ 10 ☐ 11 ☐ 12					T			TAINED GED Yes [)? □ No					
SCHOOL	NAME: (Co	llege/Univer	sity)							LO	CATION: (Cit	y, State)		
CHECK Y	YEAR COMF	PLETED:		4 🗆	5	□ 6	DID YO		DUATE?	MA	JOR:			
DEGREE	RECEIVED	:									MBER OF QU MPLETED:	JARTER/SI	EMESTER HO	URS
SCHOOL	NAME: (Co	llege/Univer	sity)							LO	CATION: (Cit	y, State)		
CHECK T	YEAR COMF	PLETED:		4 🗆	5	☐ 6	DID YO		DUATE?	MA	JOR:			
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SCHOOL	NAME: (Co	llege/Univer	sity)							LO	CATION: (Cit	y, State)		
CHECK	YEAR COMF	PLETED:		4 🗆	5	☐ 6	DID YO		DUATE?	MA	JOR:			
DEGREE	RECEIVED										MBER OF QU MPLETED:	JARTER/SI	EMESTER HO	URS

	EMPLOYMENT HIST	ORY			
as employment. NOTE: To be a submit a resume in addition to co	beginning with your most recent employment. considered for employment, you must fill in the	Military experience and volunteer work may also be included information below, accurately and completely. You may ervice examination, only the information provided below will			
DATES: From: To:	EMPLOYER:	POSITION TITLE:			
ADDRESS: (Street, City, ZIP Code)	•	-			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:			
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No			
DUTIES: REASON FOR LEAVING:					
DATES: From: To:	EMPLOYER:	POSITION TITLE:			
ADDRESS: (Street, City, ZIP Code)					
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:			
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No			
DUTIES:					
REASON FOR LEAVING:					
DATES: From: To:	EMPLOYER:	POSITION TITLE:			
ADDRESS: (Street, City, ZIP Code)	•	·			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:			
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No			
DUTIES: REASON FOR LEAVING:					

	EMPLOYMENT H	ISTORY (Continued)			
DATES: From: To:	EMPLOYER:		POSITION TITLE:		
ADDRESS: (Street, City, ZIP Code)					
COMPANY URL:	PHONE NUMBER:		SUPERVISOR:		
HOURS PER WEEK:	SALARY:		MAY WE CONTACT THIS EMPLOYER: Yes No		
DUTIES:	1		•		
REASON FOR LEAVING:					
DATES: From: To:	EMPLOYER:		POSITION TITLE:		
ADDRESS: (Street, City, ZIP Code)					
ADDRESS: (Street, City, ZIP Code)					
COMPANY URL:	PHONE NUMBER:		SUPERVISOR:		
HOURS PER WEEK:	SALARY:		MAY WE CONTACT THIS EMPLOYER: Yes No		
DUTIES:			I,		
REASON FOR LEAVING:					
	CERTIFICATES	AND LICENSES			
TYPE:					
LICENSE NUMBER:		ISSUING AGENCY:			
ТҮРЕ:					
LICENSE NUMBER:		ISSUING AGENCY:			
	SK	ILLS			
OFFICE SKILLS: Typing Speed:		Data Entry Speed:			
COMPUTER SKILLS:					
OTHER SKILLS:					
LANGUAGE(S):					

The purpose of questions 1-8 is to obtain information relevant to employment with the S Responses to these questions are required.	tate of Ohio.
1. Please indicate your county of residence.	
 Summary of Qualifications - In the area below, briefly describe the experience, educate examination for which you are applying. Refer to the Minimum Qualifications and any part of the properties of the properties of the properties of the properties of the experience, educate examination for which you are applying. Refer to the Minimum Qualifications and any part of the properties of the experience, educate examination for which you are applying. Refer to the Minimum Qualifications and any part of the experience, educate examination for which you are applying. Refer to the Minimum Qualifications and any part of the experience, educate examination for which you are applying. 	tion, training and other factors that qualify you for the position or ossition-specific qualifications posted for this position or examination
 Please list below the specific course work areas at the high school level or beyond relegindicate the number of courses you have successfully completed in each area. Note: A transcript. 	evant to the position or examination for which you are applying. Also anscript may not be substituted for this section, although you may be
4. Are you a current State of Ohio employee? Yes, I'm a permanent employee Yes, I'm an interim or intermittent employee Yes, I'm a temporary, seasonal or project employee Yes, I'm a fixed term or established term employee No, I'm not a State of Ohio employee	
5. If you are a current State of Ohio employee, please provide your eight (8) digit, OAKS type N/A.	S ID number. If you are not a current State of Ohio employee, please
6. If you are not a current State of Ohio employee, have you ever been employed by the Select N/A.) Yes No N/A	State of Ohio? (If you are a current State of Ohio employee, please
7. If you were previously employed by the State of Ohio, please choose one of the follow	ring:
 ☐ Employment ended prior to 12-01-2004. ☐ Employment ended on or after 12-02-2004. ☐ N/A - Not previously employed by the State of Ohio or current state employed. 	е.
8. How did you learn about this employment opportunity ? careers.ohio.gov	☐ Trade Journal ☐ Career/Recruitment Fair ☐ State of Ohio Employee Referral
CERTIFICATION	
I certify that the answers I have made to all of the questions in this application are true this application is not completed in its entirety, it will not be processed and I will be a the correctness of this application. I also understand that a background check may be Drug-Free Workplace Program, drug testing may be required. I waive all provisions comployers, from disclosing any information which they acquired relevant to my employment and Resources Division, Ohio Department of Administrative Services, and/or the appropriate officials for recruitment purposes. I understand that any offer of employn United States as required by the Immigration Reform and Control Act.	utomatically disqualified. I understand that I am responsible for required prior to employment and that, in accordance with the of law forbidding colleges or universities which I attended, or past oyment. I consent that they may disclose such information to the agency that holds the vacancy for which I am applying and to nent is conditional upon proof of legal authorization to work in the
Signature of Applicant:	Date:

Motor Vehicle Report Acknowledgement & Consent

First, Middle and L	ast Name:	
Address:		
Ohio Driver's Lice	nse Number:	
Expiration Date		Date of Birth:
Position:		Department:
Type of driver:	☐ infrequent	☐ frequent
I understand that as	a condition of employn	ment, I must have a current and valid Ohio
driver's license and	l an acceptable driving r	record which meets the standards of the
county's automobil	e liability insurer. I mu	st also provide proof of personal auto liability
	ts the existing county mi	
I understand that by	y giving incorrect inforn	nation or by omitting information, I am
falsifying my appli	cation and therefore sub	ject to dismissal if hired. I further agree that
the county as my en	mployer may check my	driving record at any time. I further agree to
report to my superv	visor any accidents, arres	sts, violations or cancellation of personal
		cur and prior to driving any vehicle on behalf
of the county.		
Prior to driving on	behalf of the county, I a	gree that I have read and understand the
vehicle usage guide	elines and requirements.	I further attest that all statements made by me
in this report are tru	ie to the best of my know	wledge.
Signature of Applic	cant:	Date: