

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.

EMPLOYMENT HISTORY (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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES: _____		

REASON FOR LEAVING:

CERTIFICATES AND LICENSES

TYPE: _____	
LICENSE NUMBER: _____	ISSUING AGENCY: _____
TYPE: _____	
LICENSE NUMBER: _____	ISSUING AGENCY: _____

SKILLS

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 State of Ohio.

Responses to these questions are required.

1. Please indicate your county of residence.

2. Summary of Qualifications - In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position or examination. If you need additional space, attach an extra sheet to this application.

3. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. Note: A transcript may not be substituted for this section, although you may be required to submit a transcript.

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 ID number. If you are not a current State of Ohio employee, please type N/A.

6. If you are not a current State of Ohio employee, have you ever been employed by the State of Ohio? (If you are a current State of Ohio employee, please select N/A.) Yes No N/A

7. If you were previously employed by the State of Ohio, please choose one of the following:

- 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 employee.

8. How did you learn about this employment opportunity?

- | | | |
|---|---|--|
| <input type="checkbox"/> careers.ohio.gov | <input type="checkbox"/> Facebook | <input type="checkbox"/> Trade Journal |
| <input type="checkbox"/> GovernmentJobs.com | <input type="checkbox"/> Twitter | <input type="checkbox"/> Career/Recruitment Fair |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> State of Ohio Employee Referral |
| <input type="checkbox"/> Other Job Board | <input type="checkbox"/> Other Social Media | |

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____

Date: _____

Motor Vehicle Report Acknowledgement & Consent

First, Middle and Last Name: _____

Address: _____

Ohio Driver's License Number: _____

Expiration Date _____ Date of Birth: _____

Position: _____ Department: _____

Type of driver: infrequent frequent

I understand that as a condition of employment, I must have a current and valid Ohio driver's license and an acceptable driving record which meets the standards of the county's automobile liability insurer. I must also provide proof of personal auto liability insurance that meets the existing county minimum requirements.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and therefore subject to dismissal if hired. I further agree that the county as my employer may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations or cancellation of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the county.

Prior to driving on behalf of the county, I agree that I have read and understand the vehicle usage guidelines and requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Signature of Applicant: _____ Date: _____