



Professional Licenses or Certification or Other credential, If Required for this Position	Description	Number	By Whom Issued	Expiration Date	Verified By:
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Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

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**EDUCATION CONTINUES:**

Bilingual: Spanish \_\_\_\_ Chinese \_\_\_\_ French \_\_\_\_ Other \_\_\_\_ Please describe \_\_\_\_\_

Computer Knowledge, Hardware and Software Programs

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In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

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**EXPERIENCE:**

In the area below, please type or print legible past work experience beginning with the most recent employment, If the title and duties changes materially in the course of your service in any organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Verifiable voluntary work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

**PRESENT OR MOST RECENT JOB:**

Employer's Name and Address \_\_\_\_\_

Length of Employment From: mo. \_\_\_\_\_ yr. \_\_\_\_\_ To: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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**NEXT MOST RECENT JOB:**

Employer's Name and Address \_\_\_\_\_

Length of Employment From: mo. \_\_\_\_\_ yr. \_\_\_\_\_ To: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEXT MOST RECENT JOB:**

Employer's Name and Address \_\_\_\_\_

Length of Employment From: mo. \_\_\_\_\_ yr. \_\_\_\_\_ To: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you claim veterans' services preference? If YES, attach a copy of your DD214 Form to this application. IF you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

\_\_\_ Yes \_\_\_ No

**AFFIRMATIVE ACTION QUESTIONNAIRE**

Verified by: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ashtabula County Health Department is asking all applicants to comply with United States Government Equal Employment Opportunity Requirements. Data collected will be used for statistical purposes only. This information which you provide voluntarily will be detached from your application and will be kept separate and confidential. Please answer all questions by placing an "X" in the appropriate blank.

B. Do you have a disability:         Yes     No

If Yes, please explain

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C. Ethnic Origin - Please check only one.

- 1.  Non-Hispanic, White
- 2.  Black
- 3.  Hispanic
- 4.  Asian/Pacific islander
- 5.  American Indian/Alaskan Native

**PLEASE COMPLETE THE FOLLOWING:**

How did you find out about this position? (Check one or more)

- 1.  Health Department Employee
- 2.  Other County Employee
- 3.  County Job Board
- 4.  Newspaper or Publication
- 5.  Community Organization
- 6.  Website
- 7.  Other

Name of Newspaper or Publication: \_\_\_\_\_

Name of Community Org \_\_\_\_\_

Name of Website: \_\_\_\_\_

Name of Other: \_\_\_\_\_

**REFERENCES:**

Please list the names and addresses of three individuals, other than relative, whom we may contact for a professional reference.

Name	Address	City	State	Zip	Phone
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**MISCELLANEOUS:**

The following information will be used if it is directly related to the position for which you are applying:

	Yes	No
1. Do you have an Ohio Driver's License?	_____	_____
License # _____ Class _____ Expiration Date: _____		
Answer only if you answered "NO" to question #1		
Are you willing and able to secure an Ohio Driver's License?	_____	_____
3. If necessary, can you supply your own transportation for volunteer work use?	_____	_____
4. Have you ever been employed by the State of Ohio or any County of Ohio?	_____	_____
5. Can you perform the job related requirements of the specific job for which you are applying?	_____	_____

If you answered "YES" to questions 4 and or "NO" to question 5, please explain fully below, indicating by number to which you are responding.

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**CERTIFICATE OF APPLICANT  
(Read Carefully Before Signing)**

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Ashtabula County Health Department. I further agree to submit for a background check under the direction of the Ashtabula County Health Department, and to furnish such proof of age and citizenship as may be directed.

**ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

12/2022

Please send your completed application to: Ashtabula County Health Department  
 Administrator/Allie Maraffi  
 12 W Jefferson Street  
 Jefferson, Ohio 44047  
 amaraffi@ashtabulacountyhealth.com