

## EXTERNAL APPLICATION

### Perry County Job & Family Services

212 S. Main St. PO Box 311  
New Lexington, OH 43764  
Phone: (740) 342-3551  
Cheryl P. Boley, Director

POSITION:	POSITION NUMBER:
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*Please submit one application per position to the address indicated on the job posting announcement.*

**You must submit a résumé in addition to completing this application.**

**PLEASE TYPE OR PRINT IN INK**

NAME: (Last, First, Middle)		
ADDRESS: (Street, City, State, ZIP Code)		
HOME PHONE:	CELL or ALTERNATE PHONE:	E-MAIL ADDRESS:
<b>EDUCATION</b>		
<b>HIGH SCHOOL NAME:</b>	LOCATION: (City, State)	DID YOU GRADUATE? Yes No
CHECK YEAR COMPLETED: 9 10 11 12		OBTAINED GED? Yes No
<b>SCHOOL NAME (College/University):</b>		LOCATION: (City, State)
CHECK YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
<b>SCHOOL NAME (College/University):</b>		LOCATION: (City, State)
CHECK YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
<b>SCHOOL NAME (College/University):</b>		LOCATION: (City, State)
CHECK YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

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## EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment.

<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____		<b>SUPERVISOR:</b> _____
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		
<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____		<b>SUPERVISOR:</b> _____
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		
<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____		<b>SUPERVISOR:</b> _____
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		
<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____		<b>SUPERVISOR:</b> _____
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		

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## SKILLS & CERTIFICATES

OFFICE SKILLS:

COMPUTER SKILLS:

OTHER SKILLS:

SPECIALIZED TRAINING:

ADDITIONAL CERTIFICATES:

*The purpose of questions 1-6 is to obtain information relevant to employment with Perry JFS.*

*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 for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position. *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 for which you are applying. Also indicate the number of courses you have successfully completed in each area. *Note: You may be required to submit a transcript.*

4. How did you learn about this potential employment opportunity?

## 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 I will be automatically disqualified. I understand that I am responsible for the accuracy of this application. I also understand that a background check may be required prior to employment and that, in accordance with the County policy, drug testing may be required.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_