



# Franklin County Engineer's Civil Service Application

Cornell R. Robertson, P.E., P.S.— Franklin County Engineer

Franklin County is an Equal Opportunity Employer and provider of ADA services.

### INSTRUCTIONS TO APPLICANTS:

Submit completed applications to: **Franklin County Engineer's Office**  
**Attn: Human Resources**  
**970 Dublin Road**  
**Columbus, OH 43215**

Please note that applications are kept for two years from the date of receipt. It is the responsibility of the applicant to assure that this form is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete ALL sections of this application - those lacking sufficient information will be rejected. Also note that this completed form will become a public record when submitted to a government agency.

### PERSONAL INFORMATION

Last Name		First Name	Middle Initial
Home Address (Street Number and Name)		City	County
State	Zip Code	Primary Phone	Secondary Phone

### JOB(S) APPLIED FOR

Enter below the specific titles of the job(s) for which you are applying:

CHECK the type(s) of work for which you are applying:

1. Permanent full-time     2. Permanent part-time     3. Temporary full-time  
 4. Temporary part-time     5. Intern/Seasonal Help

### COUNTY EMPLOYMENT

Are you currently a County employee?

- Yes     No

If yes, please provide Job Title and Agency

\_\_\_\_\_

\_\_\_\_\_

Have you ever been employed in state or county service in Ohio?

- Yes     No

If yes, please provide Job Title and Agency

\_\_\_\_\_

\_\_\_\_\_

### LICENSES, REGISTRATION, AND CERTIFICATIONS

#### DRIVERS LICENSE:

Do you have an Ohio Driver's License?     Yes     No

If yes, please provide the Number \_\_\_\_\_ and Expiration Date \_\_\_\_\_

If no, will you be able to secure a license if one is required?     Yes     No

Do you have a Commercial Driver's License?     Yes     No

If YES, type A  or type B

#### LICENSES AND CERTIFICATIONS:

License/Certification Issued By:	Field/Trade/Specialization	License/Certificate Number	Expiration Date

**EDUCATION AND TRAINING****Education**

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Are you currently attending school?  YES  NO

In the table below, under Sem/Qtr Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location (city, state)	Date Attended (mo/yr) From: To:	Grad?	Sem/ Qtr Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
GED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/ University			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/ University			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Related training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate courses taken and credits received:

Membership in professional, honorary, or technical societies (list):

**SKILLS**

List special equipment you can operate:

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software:

List any special clerical skills, including typing and shorthand:

Typing speed: \_\_\_\_\_

List any additional relevant skills you have:

**WORK HISTORY** (include volunteer and military experience) If additional space is required, you may attach extra sheets.

- Note:
- List SEPARATELY each job held when you worked for one employer and held more than one position.
  - You must complete the work history portion of this application in order to be considered for employment. A résumé may be submitted IN ADDITION TO the completion of this section.
  - Start with current or most recent employer

Current or Last Employer:		Address:			
Job Title:		Supervisor's Name:	Telephone Number:	# of persons supervised by you:	
Date Employed (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per	May we contact this Employer?		
Date Separated (mo/yr)	Reason for leaving				
Full Time    Years    Months	List major duties in order of importance in the job:				
Part Time    Years    Months					
If part time, average # of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name:	Telephone Number:	# of persons supervised by you:	
Date Employed (mo/yr)	Starting Salary \$                      per	Ending Salary \$                      per	May we contact this Employer?		
Date Separated (mo/yr)	Reason for leaving				
Full Time    Years    Months	List major duties in order of importance in the job:				
Part Time    Years    Months					
If part time, average # of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name:	Telephone Number:	# of persons supervised by you:	
Date Employed (mo/yr)	Starting Salary \$                      per	Ending Salary \$                      per	May we contact this Employer?		
Date Separated (mo/yr)	Reason for leaving				
Full Time    Years    Months	List major duties in order of importance in the job:				
Part Time    Years    Months					
If part time, average # of hours worked per week:					





# Franklin County Engineer's Civil Service Application Addendum

Equal Employment Opportunity Information

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Franklin County is an Equal Opportunity Employer and provider of ADA services.

We request that you fill in the following information in order to assist our equal employment opportunity efforts. This information is **voluntary** and will in no way affect the processing of your application or your being considered for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. **Do not include your name on this page.**

<b>Date of Birth</b>	<b>Gender</b>	<b>How did you learn about this position?</b>
_____ Month                  Day                  Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Electronic/computer posting <input type="checkbox"/> Paper vacancy posting <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____

## Ethnicity

- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

## Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- |           |                |  |   |
|-----------|----------------|--|---|
| Blindness | Autism         | Bipolar disorder                         | Post-traumatic stress disorder (PTSD)         |
| Deafness  | Cerebral palsy | Major depression                         | Obsessive compulsive disorder                 |
| Cancer    | Epilepsy       | Multiple sclerosis (MS)                  | Impairments requiring the use of a wheelchair |
| Diabetes  | Schizophrenia  | Missing limbs or partially missing limbs | Intellectual disability                       |

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- I do not wish to answer

## Veteran Status

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  Yes  No

If yes, do you wish to declare a service-connected disability?  Yes  No