

MARY L. SWAIN



CLERK OF COURTS

BUTLER COUNTY CLERK OF COURTS APPLICATION FOR EMPLOYMENT

It is the policy of the Clerk of Courts to provide equal opportunity with regard to all terms and conditions of employment. The Clerk of Courts complies with federal and state laws prohibiting discrimination based on race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Position: Title Clerk Legal Clerk Other _____

Expected Pay: \$ _____

Date available for work: _____

Would you accept full-time work? - Yes - No

Would you accept part-time work? - Yes - No

Are you legally eligible for employment in the United States? - Yes - No

Please list any special training or skills that would be a benefit for the job for which you are applying:

Employment Experience - List your most recent employer first

1. Employer _____
Address: _____
Phone: (____) _____
Job Title: _____ Supervisor: _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____
Hourly rate/salary: starting _____ ending _____
Work Performed: _____
Reason for leaving: _____

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2. Employer _____
Address: _____
Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____
Hourly rate/salary: starting _____ ending _____
Work Performed: _____
Reason for leaving: _____

3. Employer _____
Address: _____
Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____
Hourly rate/salary: starting _____ ending _____
Work Performed: _____
Reason for leaving: _____

4. Employer _____
Address: _____
Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____
Hourly rate/salary: starting _____ ending _____
Work Performed: _____
Reason for leaving: _____

Educational Background

Grammar School:
Name of school: _____ Location: _____

High School:
Name of school: _____ Location: _____
Course of study: _____
Did you graduate? _____

College:
Name of school: _____ Location: _____
Course of study: _____
Did you graduate? _____ Degree? _____

Graduate School:
Name of school: _____ Location: _____
Course of study: _____
Did you graduate? _____ Degree? _____

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Vocational or Other Training:

Name of school: _____ Location: _____

Course of study: _____

Did you graduate? _____ Degree? _____

Additional continuing education: _____

References

1. Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Relationship: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Relationship: _____

I certify that the information I have provided on this application is true and complete. I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

Applicant's Signature

Date

Instructions: Please submit this application by mail to the Clerk of Courts, 315 High Street, Suite 550, Hamilton, Ohio 45011, or by fax to (513) 887-3966. Applications for employment are retained on file for one year from the date received.