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Dog Warden
Ext. 15

Charles Jones
Dog Warden
Ext. 13

Laura Hawbecker
Shelter
Ext. 17

Melissa Putnam
Shelter
Ext. 17

Dear Applicant,

Thank you for your interest in joining the team at The Humane Society Serving Clark County, Inc!

Below you will find TWO applications – one for the Humane Society, and another for Clark County. Please fill both applications out and return them to the Humane Society at 5201 Urbana Road, Springfield, Ohio 45502, no later than October 15, 2011. Digital applications may be emailed to JimmyStraley@clarkhumane.org. A resume may be attached also. You will also find below a brief job description of the position available.

Interviews will be drawn from applications received.

Again, thank you for your interest.

Sincerely,

Executive Director
The Humane Society Serving Clark County, Inc.
(937)399-2917 x 30

POSITION: DEPUTY DOG WARDEN

The Deputy Dog Warden works under the direction of the Chief Dog Warden/Executive Director of The Humane Society Serving Clark County, Inc. Enforces statutes for regulation of licensing, ownership, and animal control. Warns owners and issues citations for animal violations pursuant to the Ohio Revised Code.

PRINCIPLE DUTIES AND RESPONSIBILITIES:

I. Enforces statutes for regulation of licensing, ownership and animal control; warns owners and issues citations for animal violations pursuant to the Ohio Revised Code. Assists shelter staff in adoption of animals; licenses and charging of impounding fees. Maintains daily logs, takes phone calls and greets public. Maintains good public relations. Advises public regarding redemption, relinquishing and adoption of animals. Destroys and disposes of animals when necessary. Conducts investigations of dog bite cases in conjunction with health department and monitors home quarantine for bite animals. Responds to animal complaint calls, seizes and impounds stray animals as required. Investigates and takes appropriate action to prevent inhumane treatment of animals. Investigates and takes appropriate action on livestock claims. Issues citations to those in violation of Ohio Revised Code. Educate the public on Ohio Revised Code, health and well-being of animals, and safety. Maintains clean vehicles.

II. Performs other duties as assigned.

REQUIREMENTS

- Must possess a high school diploma, or equivalent.
- Must have the ability to be bonded.
- Must be able to lift approximately 50 pounds, including dogs, and handle the physical demands of the job, including but not limited to, giving chase and capture of animals.
- Must possess an Ohio Driver's License, or equivalent, and have an acceptable driving record.
- Must be legally able to carry a firearm, and pass a proficiency test with a firearm.
- Qualify as a County employee.
- Possess social skills necessary to deal with the public, law enforcement and government officials and be effective in conflict resolution and management.
- Detail-oriented, completion of paperwork, citations, reports, etc.
- Availability off hours/weekends, with little to no warning, for emergencies.
- Effective oral and written communication skills with staff and the public.
- Ability to work alone or in a team environment.
- Applicants must pass drug screening and background check.
- Experience preferred, will train.

The Humane Society and the Board of Clark County Commissioners are equal opportunity employers.



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date _____

Name _____ Social Security Number _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phone _____ Are You 18 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

EMPLOYMENT DESIRED

Position _____ Start date: _____ Salary Desired: _____

Are You Employed Now? Yes No If so, may we contact your present employer? Yes No

How did you learn about the job? _____

EDUCATION	Name of School	No. of years attended	Did you Graduate?
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

GENERAL INFORMATION ABOUT YOU

Do you have any special skills?

What activities are you involved in? (Civic, Athletic, etc.)

Do you have a valid Ohio's Driver's License?

This facility *does* euthanize animals. Is this something you are comfortable with?

Have you ever been convicted of a crime greater than a misdemeanor? If so, please explain.

Is there anything else you'd like to tell us about yourself?

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS)

EMPLOYED	NAME OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Which one on these jobs did you like the most?

What did you like the most about this job?

REFERENCES: GIVE THE NAMES OF THREE PEOPLE, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

EMERGENCY NOTIFICATION: IN CASE OF AN EMERGENCY, NOTIFY:

NAME ADDRESS PHONE NUMBER

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MY BE REJECTED AND, IF I AM IN CONSIDERATION OF EMPLOYMENT, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MINE OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND NO COMPANY REPRESENTATIVE, OTHER THAN THE EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I UNDERSTAND THAT EMPLOYMENT MAY REQUIRE A BACKGROUND CHECK, MOTOR VEHICLE RECORD CHECK, PHYSICAL AND A DRUG SCREENING, AND I GIVE THE HUMANE SOCIETY SERVING CLARK COUNTY, INC PERMISSION TO DO SO.

DATE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

EMPLOYMENT APPLICATION

Board of Clark County Commissioners
Clark County Personnel Office
County Offices/Municipal Courts Building
50 East Columbia Street - P. O. Box 2639
Springfield, Ohio 45501-2639

Name: _____

Address: _____

Telephone #: _____ Length of time at current address: _____

Date of Application: _____ Full-Time Part-Time Temporary

Position(s) applied for: _____

Best time to call for an interview: _____ Best date & time for an interview: _____

Have you ever been employed by Clark County? Yes No If yes, please give date, department and reason for leaving:

Do you have any relatives employed by the County? Yes No If yes, please list name(s) and department(s):

Do you have proper I-95 documentation to be employed in the U.S.? Yes No

SECTION I – EMPLOYMENT HISTORY

FULLY DESCRIBE your work experience beginning with your most recent job – Use additional sheets if needed

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time Part-Time	Telephone No.: _____	
	Rate of Pay: _____	Hours: _____
Duties Performed:		
Reason for Leaving:		

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time Part-Time	Telephone No.: _____	
	Rate of Pay: _____	Hours: _____
Duties Performed:		
Reason for Leaving:		

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. ____ Yr. ____	_____	_____
To: Mo. ____ Yr. ____	Supervisor: _____	_____
Full-Time Part-Time	Telephone No.: _____	
	Rate of Pay: _____	Hours: _____
Duties Performed:		
Reason for Leaving:		

SECTION II - MILITARY SERVICE

(Military Discharge Certificate DD-214 may be required at time of employment)

Have you ever been in the Military? Yes No Branch: _____

Describe your positions: _____

Date of Entry: _____ Date of Separation: _____

Type of Discharge: _____

SECTION III - EDUCATIONAL HISTORY

(Give complete history - use additional sheets if needed)

High School: **Name & Address:** _____
Graduated: Yes No

College(s): **Name & Address:** _____
Degree: Yes No **Type:** _____

Training School: Name & Address: _____
Certificate: Yes No **Type:** _____

Licenses: _____

Skills: _____

If you are under the age of 18, can you provide a Work Permit? Yes No

SECTION IV - REFERENCES

Please complete the information below with the names of 3 individuals (no relatives) we may contact with for a reference.

1. _____

2. _____

3. _____

SECTION V - EMERGENCY INFORMATION

Please list below the name, address and telephone number of an individual who will always know your whereabouts that we may contact in CASE OF AN EMERGENCY.

BACKGROUND INFORMATION RELEASE AND OTHER REQUIREMENTS

(Please print or write legibly)

Name : _____

Address: _____

Social Security Number: _____

Ohio Driver License Number: _____

Do you have a Commercial Driver's License? Yes No CDL License # if different: _____

Endorsements: _____

QUESTIONNAIRE

1. Have you ever been convicted of a crime? Yes No If yes, please attach supplemental sheet giving date, place and nature of conviction.
 2. During the previous thirty-six months, have you been involved in any of the following? Please provide all details including date and location for any questions that are answered "yes":
 - a. Had automobile insurance rejected, canceled, refused or been in a high-risk insurance program? _____
 - b. Been involved in any accidents either at fault or not at fault? _____
 - c. Had any traffic or driving related violations other than overtime parking? _____
- Details if "yes" (attach supplemental sheet if needed): _____

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. I understand and agree that the County may conduct periodic reviews of my driving record including State of Ohio Bureau of Motor Vehicle records. I further understand that I may be asked to provide with my application, or at any time during my employment, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements as follows: bodily injury of \$100,000 per person/\$300,000 per accident and property damage of \$100,000 per accident or combined single limit for bodily injury and property damage of \$300,000 per accident. If employed, I further agree to report to my supervisor any accidents, convictions, violations, or cancellation of personal insurance immediately after they occur and prior to driving any vehicle on behalf of the County.

I affirm the facts set forth in this application are true and complete. I understand and agree that any false statement, omission of information or misrepresentation by me on this application will be sufficient cause for cancellation of this application and or dismissal from the employer's services if I have been employed. Furthermore, I understand that I am free to resign at any time and that the County reserves the right to terminate my employment at any time, subject to the procedures appropriate for the position or department. I understand that no one has the authority to make any assurance to the contrary.

I understand that if I am selected for employment with Clark County, I may be offered a position conditionally pending a pre-employment physical and drug screening. I further understand that any false statement or misrepresentation by me to the medical persons conducting the screening for the County or on any of the medical history forms, or failure to complete or pass the screening, will be sufficient cause for cancellation of a job offer or dismissal from the County's employment if I have been employed.

I give the employer the right to investigate all references and to contact all past employers and supervisors and to secure additional information about me, if job related, including, but not limited to records relating to any criminal and civil convictions during the application period or at any time during my employment. I hereby release from liability the County and its representatives for seeking such information and all other persons or organizations for furnishing such information. I further acknowledge that this document is a public document subject to the Ohio Public Records Act.

Signature of Applicant: _____

Date: ____/____/____

FOR OFFICE USE ONLY

Record Information:

Signature of Deputy or Authorized Personnel Releasing the
above Information

BOARD OF COUNTY COMMISSIONERS
CLARK COUNTY, OHIO

AN EEO EMPLOYER