

TITLE: Executive Director

FLSA: Exempt

REPORTS TO: Washington County Board of Veterans Service Commissioners

Application Instruction Page (submit packet in this order):

1. Provide a cover letter to the Veteran Service Commission.
2. Detailed Resume (prefer 2, but no more than 4 pages).
3. WCVSO Application for Employment
4. Member 4 copy DD214(s) for every period discharged from Active Duty and **REDACT** social security number from it. If applicable
5. If applicable, provide your benefit summary letter (from eBenefits) to include your:
 - a. military service information
 - b. you have one or more service-connected disabilities **(DO NOT INCLUDE SPECIFIC DISABILITIES)**
 - c. your combined service-connected evaluation being less than 30% or 30% or greater
6. If applicable, college transcripts.
7. Return complete application packet in person to the Washington County Veterans Service Commission located at 706 Pike Street, Marietta, Ohio 45750 by the **Application Deadline: 5:00 p.m., November 2, 2026. (Late applications may not be accepted.)**



APPLICATION FOR EMPLOYMENT

We are an Equal Employment Opportunity employer, dedicated to a policy of nondiscrimination in employment and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.
(Equal Employment Opportunity)

Closing Date: **November 2, 2026 at 5:00pm**

Today's Date: ____ / ____ / ____

Employment Desired			
Position: Executive Director	Date Available to Start:	Salary Desired:	Type of Employment: ☐ Full Time ☐ Summer ☐ Part Time ☐ Temporary
Are you employed now? ☐ Yes ☐ No		If so, may we contact your present employer? ☐ Yes ☐ No	
Have you ever applied to the WCVSC before? ☐ Yes ☐ No When: _____ Were you hired: ☐ Yes ☐ No Position: _____		Have you ever worked for a VSC before? ☐ Yes ☐ No Position: _____ Where: _____ When: _____ Are currently VSO Certified: ☐ Yes ☐ No	
Last Name:	First Name:	Middle Name:	
Address (Number, Street, City, State, Zip Code):			
Cell Phone Number:	Home Telephone Number:	Email:	
Education			
High School Attended and Location:	Years Completed:	Trade or Course Study:	Did you graduate? ☐ Yes ☐ No
College Attended and Location:	Years Completed:	Major:	Did you graduate? ☐ Yes ☐ No
Trade or Technical School Attended & Location:	Years Completed:	Trade or Skill:	Did you graduate? ☐ Yes ☐ No
Skills			
Special Courses or Training:			
Experience/Skills Related to the Position for Which You Are Applying:			
Computer Software Experience:			
Computer/Data Entry			
Skill/Aptitude: None, Basic, Advanced, Expert	Years Experience	Words Per Minute	
Typing:			
Microsoft Office, Publisher, Outlook:			
Microsoft Excel, Power Point:			
List any other training or skills which are related to the position you are applying for including computer software systems and data bases:			

Employment History (on resume go back 15 years from today)				
Employer:		Address (Number, Street, City, State, Zip Code):		
Type of Business:	Position:		Supervisor or HR Phone Number:	
Duties:				
Name and Position of Immediate Supervisor:				
Date Employed:	Date Left:	May we contact this employer? ☐ Yes ☐ No	Starting Salary:	Final Salary:
Reason for Leaving:				
Employer:		Address (Number, Street, City, State, Zip Code):		
Type of Business:	Position:		Supervisor or HR Phone Number:	
Duties:				
Name and Position of Immediate Supervisor:				
Date Employed:	Date Left:	May we contact this employer? ☐ Yes ☐ No	Starting Salary:	Final Salary:
Reason for Leaving:				
Employer:		Address (Number, Street, City, State, Zip Code):		
Type of Business:	Position:		Supervisor or HR Phone Number:	
Duties:				
Name and Position of Immediate Supervisor:				
Date Employed:	Date Left:	May we contact this employer? ☐ Yes ☐ No	Starting Salary:	Final Salary:
Reason for Leaving:				
Other Experience				
In this section, list any job experience not listed above that most directly relates to the job for which you are applying.				
Employer:		Address (Number, Street, City, State, Zip Code):		
Type of Business:	Position:		Supervisor or HR Phone Number:	
Duties:				
Name and Position of Immediate Supervisor:				
Date Employed:	Date Left:	May we contact this employer? ☐ Yes ☐ No	Starting Salary:	Final Salary:
Reason for Leaving:				

Veteran Status	
1	Not a Veteran
2	Active Duty
3	Reserve
4	Retired
5	Other

Have you ever served in the United States Military ☐ Yes ☐ No

Are you a: ☐ Veteran ☐ Campaign Veteran ☐ 30% or Greater Disabled Veteran ☐ 20% or Less Disabled Veteran
☐ Spouse/Widow of a Veteran ☐ Child of a Veteran ☐ Other _____

Date Entered	Date Separated	Rank/Tour of Duties	Discharge

Volunteer Experience

Dates	Organization	Responsibilities and Efforts	Position

Honors, Awards, and Decorations (civilian and/or military)	
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Description:

Description:

Description:

Description:

Description:

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Description:

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Description:

Supplemental Questions		
1.	How many months training and/or experience do you have in office practices and procedures: ☐ 0 Months ☐ 6 Months ☐ 12 Months ☐ 24 Months ☐ 48+ Months	
2.	How many months training and/or experience do you have in interviewing: ☐ 0 Months ☐ 6 Months ☐ 12 Months ☐ 24 Months ☐ 48+ Months	
3.	How many months training and/or experience do you have in public relations: ☐ 0 Months ☐ 6 Months ☐ 12 Months ☐ 24 Months ☐ 48+ Months	
4.	How many months training and/or experience do you have in operation of a personal computer: ☐ 0 Months ☐ 6 Months ☐ 12 Months ☐ 24 Months ☐ 48+ Months	
5.	Can you provide your own transportation: ☐ Yes ☐ No	
6.	Do you have a valid driver's license: ☐ Yes ☐ No	
7.	Did you attach a resume to this packet: ☐ Yes ☐ No	
8.	Did you attach all DD214(s) to this packet and redact all social security numbers and birth dates: ☐ Yes ☐ No	
9.	Did you attach a Service Connected Disability Letter and redact all social security numbers, birth dates, and disabilities: ☐ N/A ☐ Yes ☐ No	
Professional References (not related to you)		
1.	Name: Phone:	Years known: Email:
		Relationship:
2.	Name: Phone:	Years known: Email:
		Relationship:
3.	Name: Phone:	Years known: Email:
		Relationship:

*****This position requires a background investigation and must maintain good standing in regard to your background throughout the tenure of your employment. Background investigations may be conducted at random or for cause to ensure good standing and will be conducted in accordance to state and federal law.**

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**Please drop off application and resume with all necessary redacted attachments to:
The Washington County Veterans' Service Commission
706 Pike Street, Suite 1, Marietta, Ohio 45750**