

POSITION SOUGHT: _____ An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT
LORAIN COUNTY CHILDREN SERVICES**

226 Middle Avenue, 3rd Floor
Elyria, OH 44035

Please type or print responses to all of the questions contained on the entire application form.

NAME:				
Last	First	Middle		
Address: Number	Street	City	State	Zip Code
Phone:			Social Security Number	
Email:				

Are you an adult, legally emancipated or otherwise, legally eligible to work in the State of Ohio? Yes No

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper, if necessary. Failure to include all employment may be grounds for disqualification.

MILITARY

Have you served in the Military? Yes No If yes, what branch? _____
 Type of discharge? _____
 Job Title? _____ Are you a Reservist? _____
 Briefly describe duties, responsibilities, equipment operated, promotions, honors, etc.:

OTHER:

Employer:	From:	To:	Duties, responsibilities, equipment, promotions: (specify full time, part time, or intern)
Address:			
Telephone Number/s:	Starting Rate \$:	Ending Rate \$:	
Job Title:			
Supervisor:			
Reason for Leaving: _____			

Please let us know how you heard about us:

Newspaper _____ Referral _____ Internet _____ Job Fair _____ Other _____

Employer:	From:	To:	Duties, responsibilities, equipment, promotions: (specify full time, part time, or intern)
Address:			
Telephone Number/s:	Starting Rate \$:	Ending Rate: \$	
Job Title:			
Supervisor:			
Reason for Leaving: _____			

Employer:	From:	To:	Duties, responsibilities, equipment, promotions: (specify full time, part time, or intern)
Address:			
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Address:			
Telephone Number/s:	Starting Rate \$:	Ending Rate: \$	
Job Title:			
Supervisor:			
Reason for Leaving: _____			

EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

	HIGH SCHOOL	TRADE SCHOOL/COLLEGE	GRADUATE SCHOOL
Name and Address of School:			
Date of Attendance:	Leave blank		
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type Diploma/Degree:			
Course of Study, awards, activities, achievements, pertaining to this job:			

FOREIGN LANGUAGES *(Please indicate any foreign languages you can speak, read, and/or write.)*

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PERSONAL INFORMATION

Do you have any commitments (e.g., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<p>The Release of Information shall be used to obtain a complete criminal history background check of various law enforcement agencies (police department/s) of Applicant's residence, Lorain County Sheriff's Department, State of Ohio BCI and BCI Federal Fingerprint Check. Certain criminal convictions shall automatically disqualify an Applicant from employment with LCCS (e.g. any criminal conviction involving an offense of violence against a minor). Other criminal convictions, in the sole judgment and discretion of LCCS, may disqualify an Applicant from employment with LCCS.</p>	

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? Yes No

DRIVING INFORMATION

Do you possess a valid State of Ohio Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "no," can you obtain one prior to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a personal vehicle which you are willing to utilize for Agency business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate liability automobile insurance to drive your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to anyone currently employed by LCCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the relationship _____	
Have you or any of your relatives had an open case with LCCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the relationship _____	
Has any Public Child Welfare Agency determined you to be indicated or substantiated in abuse, neglect or maltreatment of a child in Ohio or any other State?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial employment, as well as continued employment thereafter, shall be contingent upon an Applicant's/Employee's initial, and continued, insurability under Lorain County's Driver/Vehicle Risk Reduction Program and any other applicable motor vehicle insurance requirements.

REFERENCES:

List three references, who are not related to you, that you have known at least one year. If you have prior work experience, two references should be work-related and one personal. (If no work experience, three personal.)

Name: _____ Phone: _____
Address: _____ Work Cell Other
Email: _____

Name: _____ Phone: _____
Address: _____ Work Cell Other
Email: _____

Name: _____ Phone: _____
Address: _____ Work Cell Other
Email: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? Yes No

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times determined by the Employer, including overtime hours.

Initials: _____

3. I understand and accept that it may be necessary for me to sign any waivers necessary to allow the Employer to obtain information from my current and former employers, schools, and personal references.

Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by this Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I SOLEMNLY SWEAR THAT ALL INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG ABUSE, OR ALCOHOL ABUSE.

Applicant's Signature

Date