

POSITION SOUGHT: \_\_\_\_\_ An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT  
LORAIN COUNTY CHILDREN SERVICES**

226 Middle Avenue  
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
Telephone Number/s			Social Security Number	

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.:

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**OTHER:**

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

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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:			
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:			

**(For Caseworker Applicants) Have you successfully completed the LISW exam?**  
 Yes    No   Date \_\_\_\_\_

<b>FOREIGN LANGUAGES</b> <i>(Please indicate any foreign languages you can speak, read, and/or write.)</i>

**PERSONAL INFORMATION**

<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain:</b>	
<b>Have you ever been convicted of a misdemeanor or felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, date:</b>	<b>Please explain:</b>
<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?  Yes  No  
If "no," can you obtain one prior to employment?  Yes  No  
Do you have a personal vehicle which you are willing to utilize for Agency business?  Yes  No  
Do you have adequate liability automobile insurance to drive your vehicle?  Yes  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: _____	Telephone Number: _____
Address: _____	<input type="checkbox"/> Work Number? <input type="checkbox"/> Personal Number?
Name: _____	Telephone Number: _____
Address: _____	<input type="checkbox"/> Work Number? <input type="checkbox"/> Personal Number?
Name: _____	Telephone Number: _____
Address: _____	<input type="checkbox"/> Work Number? <input type="checkbox"/> Personal Number?

**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.**

- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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 OF THE 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*