

APPLICATION FOR EMPLOYMENT

WAYNE COUNTY CHILDREN SERVICES BOARD

An Equal Opportunity Employer

PLEASE PRINT

NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	APPLICATION DATE
ADDRESS	CITY	STATE	ZIP CODE	() TELEPHONE
E-MAIL ADDRESS: _____				
ARE YOU UNDER THE AGE OF 18? ___ YES ___ NO		ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? ___ YES ___ NO		
ARE YOU A VETERAN? ___ YES ___ NO		If Yes, Branch of Service _____		
Dates of Service FROM _____ TO _____		NOTE: Discharge papers are required upon hire.		

PERSONAL DATA

Position(s) Desired: _____ Full-Time ___ Part-Time ___

Date available to start? _____

Have you ever been employed by the county? Yes ___ No ___ If Yes, when? From _____ To _____
Reason for leaving? _____

Are you related to or personally acquainted with anyone at the county? Yes ___ No ___
State name and relationship _____

Do you have a valid driver's license? Yes ___ No ___ Has it ever been suspended or revoked? Yes ___ No ___

Do you have any time commitments that might interfere with your employment? Yes ___ No ___
If Yes, please explain _____

Can you travel if required by the job? Yes ___ No ___

Have you ever been convicted of a crime (felony or misdemeanor) other than minor traffic violations? Yes ___ No ___
If Yes, give date, nature and place of each conviction: _____

Do you hold a professional credential or license, either currently or in the past? Yes ___ No ___
Has it ever been suspended or revoked? Yes ___ No ___

Have you ever been employed by another public employer in Ohio? Yes ___ No ___
If Yes, provide place and dates of service: _____

Have you ever been dismissed from or asked to resign from any employment position? Yes ___ No ___
If Yes, please explain: _____

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	ADDRESS	DATES ATTENDED	MAJOR SUBJECT / DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE? (select one)
High School	Street: City: State: Zip Code:				Yes No
Did you receive a GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what date did you receive your GED?		
College or University					Yes No
Other Schools Attended					Yes No
Correspondence Courses, Specialized Training &/or Relevant Extracurricular Activities or Skills					
Did you go by a different name in high school or college?	If so, please designate name and school attended:				

Honors received: _____

EMPLOYMENT DATA

List all previous employment for the last ten years in chronological order - last position first - including U.S. Military.

Please complete FULLY even if resume is attached.

EMPLOYER		TELEPHONE	
ADDRESS		FINAL SALARY	
DATES EMPLOYED FROM	TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING			
EMPLOYER		TELEPHONE	
ADDRESS		FINAL SALARY	
DATES EMPLOYED FROM	TO	POSITION(S) HELD	SUPERVISOR
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REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM	TO	POSITION(S) HELD
REASON FOR LEAVING		

May we contact your present employer for a reference? Yes ___ No ___

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

List professional organization memberships and offices held, excluding those which would indicate race, color, religion, sex, age, national origin, political affiliation, handicap, or ancestry:

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	ADDRESS	HOME PHONE	WORK PHONE	OCCUPATION
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NAME	ADDRESS	HOME PHONE	WORK PHONE	OCCUPATION
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EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Wayne County Children Services Board that applicants for employment are selected and hired on the basis of individual merit and ability with respect to the positions being filled. Applicants are selected and hired without regard to race, color, religion, sex, age, national origin, political affiliation, handicap or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge, and I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information, and hold harmless all persons giving information regarding this application. I also give my consent to contact the State Motor Vehicle Department for a Moving Vehicle Violation Report.

Applicant's Signature Date

Driver's License Number Issuing State

This application will be effective for 180 days from the date signed. After 180 days, applicants must re-file for further consideration.

WAYNE COUNTY CHILDREN SERVICES BOARD
2534 Burbank Road ~ Wooster, Ohio 44691

Rev. 10/2006

**AUTHORIZATION TO RELEASE INFORMATION TO
THE WAYNE COUNTY CHILDREN SERVICES BOARD**

I hereby authorize the Wayne County Children Services Board to investigate any statements or information provided in this application and to investigate my background generally. I agree that if, in the opinion of the Wayne County Children Services Board, I have made any misrepresentation or the results of the investigation are not satisfactory for any reason, any offer of employment may be terminated without liability in accordance with current Wayne County Children Services Board policies or practices related thereto. I hereby authorize any person, educational institution, company or corporation to give any pertinent information as requested by the Wayne County Children Services Board.

By subscribing my signature to this statement, I hereby authorize any city, county, state or federal law enforcement agency or court related thereto to release to said Wayne County Children Services Board any information they possess concerning me and any prior arrests which resulted in conviction or any pending matter which has not been fully adjudicated.

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.

This Application for Employment shall be considered active for a period of time not to exceed one (1) year. Any 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.

Date

Signature

PRE-EMPLOYMENT INFORMATION FORM

(answer all questions - please print)

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer questions below.

This Pre-Employment Information Form will be kept in a Confidential File separate from the attached Application for Employment.

Date _____
Position(s) Applied For _____
Referred By: _____

Name (print) _____ Phone No. _____
Last First Middle

Address _____
Street City State Zip Code

Date of Birth _____ Age _____

Race /Ethnic Group White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Sex: Male Female Number of Children: _____

Marital Status Single Married Divorced Widowed

Are You a Vietnam Era Veteran? Yes No

Are You a Disabled Veteran? Yes No If Yes, What is Your VA Disability Rating? _____ %

Have You Ever Filed a Claim for Workmen's Compensation? Yes No

***This information is requested on a voluntary basis.
Refusal to provide this information will not adversely affect the applicant's chances of employment.***