

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	SOCIAL SECURITY #
E-MAIL ADDRESS: _____		TELEPHONE #: _____		
Are you an adult, legally emancipated, or otherwise legally eligible to work in the State of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Wayne County? Yes No If Yes, when? From _____ To _____

Reason for leaving: _____

Are you related to, or personally acquainted with, anyone working for Wayne County? Yes No

If Yes, state name and relationship: _____

Have you ever been employed by another public employer in Ohio? Yes No

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

Do you hold a professional credential or license (either currently or in the past)? Yes No

If Yes, please list: _____

Has it ever been suspended or revoked? Yes No

Have you ever been dismissed 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? Yes _____ No _____ Date Received: _____					
College or University	Street: City: State: Zip Code:				Yes No
Other Schools Attended	Street: City: State: Zip Code:				Yes No
Correspondence Courses, Specialized Training and/or Relevant Extracurricular Activities or Skills					

Did you go by a different name in high school or college? Yes _____ No _____

If Yes, please list name and school attended: _____

Honors Received: _____

EMPLOYMENT DATA - List all previous employment for the last ten years in chronological order — most recent 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		

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May we contact your current 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

NOTICE TO APPLICANT

As a part of the application process, the Wayne County Children Services Board conducts background checks on all candidates for employment prior to a final offer of employment. As a result, if through the hiring process you are considered a candidate for a position with the Wayne County Children Services Board you will be subject to a background check before a final offer of employment may be extended. Further, pursuant to Ohio Revised Code Section 5153.11, Criminal Records Check, the Children Services Board is prohibited from employing a person responsible for the care, custody, or control of a child if the applicant has been previously convicted or plead guilty to a violation of any of the following statutes: Section 2903.01, 2903.02, 2903.03, 2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 2905.01, 2905.02, 2905.05, 2907.02, 2907.03, 2907.04, 2907.05, 2907.06, 2907.07, 2907.08, 2907.09, 2907.21, 2907.22, 2907.23, 2907.25, 2907.31, 2907.32, 2907.321, 2907.322, 2907.323, 2909.02, 2909.03, 2911.01, 2911.02, 2911.11, 2911.12, 2919.12, 2919.22, 2919.24, 2919.25, 2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.04, 2925.05, 2925.06, or 3716.11 of the Revised Code, a violation of section 2905.04 of the Revised Code as it existed prior to July 1, 1996, a violation of section 2919.23 of the Revised Code that would have been a violation of section 2905.04 of the Revised Code as it existed prior to July 1, 1996, had the violation occurred prior to that date, a violation of section 2925.11 of the Revised Code that is not a minor drug possession offense, or felonious sexual penetration in violation of former section 2907.12 of the Revised Code; or a violation of a former Ohio statute which is substantially equivalent to those violations listed above; or a violation of United States law that is substantially equivalent to those violations listed above.

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

**AUTHORIZATION TO RELEASE INFORMATION TO
THE WAYNE COUNTY CHILDREN SERVICES BOARD
AND
TO CONDUCT DRUG TEST AND BACKGROUND CHECK**

I hereby authorize the Wayne County Children Services Board to investigate any statements or information provided in this application and to investigate my background. 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.

I understand and accept that if I am selected for employment, my employment may be conditioned upon my passing drug, alcohol or substance abuse testing.

I understand and accept that the Wayne County Children Services Board will run a background check before an offer of employment can be made. I hereby authorize the Wayne County Children Services Board to perform whatever background checks are required. I also agree to provide whatever information is needed to perform the background checks.

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 one 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

WAYNE COUNTY CHILDREN SERVICES BOARD PRE-EMPLOYMENT INFORMATION FORM

Applicants are requested to complete this form, which will be used for statistical purposes only. A decision to not provide the requested information will have no effect on an applicant's chances for employment with WCCSB. This information will be maintained separate from the application for employment.

Please type or print your responses. This information is not used or considered in any hiring decisions. Wayne County Children Services Board is an Equal Opportunity Employer.

Date: _____

Position(s) Applied For: _____

Referred By: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Sex: Female _____

Male _____

Ethnic Category (check one):

White _____

Black or African American _____

Hispanic or Latino _____

Asian _____

Native Hawaiian or Other Pacific Islander _____

American Indian or Alaskan Native _____

Two or More Races _____