# TRUMBULL COUNTY CHILDREN SERVICES BOARD

Reeves Road NE Warren, OH 44483-4354

## AN EQUAL OPPORTUNITY EMPLOYER

It is the Policy of this Agency to recruit, select and hire individuals without regard to race, color, religion, sex, national origin, age, ancestry, marital or veteran status, or disability.

## APPLICATION FOR EMPLOYMENT

(Please Print)

	cation://	How so			r this
Name:					
Address:	Last	First		Middle	(Maiden Name)
Phone Number	Street	City	State nate Number: (	Zip (	Code
Are you le	egally eligible for employ	ment in the United	l States?	es $\square$	No
Are you a	t least 18 years of age?	□ Yes □	□ No		
Have you	ever been employed by the	nis Agency? □ Ye	s □ No If ves, whe	n?	
·		•	•		
Positions	held at this Agency				
Other nan	nes under which you may	have been known	by this Agency?		
Other nan	nes under which you may	have been known <b>EDUCATIO</b>			
Гуре of School	nes under which you may  Name of School and	EDUCATION		200	Degree Received
		EDUCATION	ON Main Area		Degree
Гуре of School High		EDUCATION	ON Main Area		Degree
Type of School High School College or		EDUCATION	ON Main Area		Degree
Гуре of School High School		EDUCATION	ON Main Area		Degree
Type of School High School College or		EDUCATIO	ON Main Area		Degree
Type of School High School  College or University  Graduate		EDUCATIO	ON Main Area		Degree

Professional Honors / Recognition:				
	Special Job Related S	kills and Q	ualifications	
What machin	nes can you operate:			
Indicate whi	ch software packages/hardware systems	you can use:		
	or a position requiring typing, indicate t	yping speed:		
	ing driver/automobile information	yping speed:	only if it is direct	tly related to the
The follow		yping speed: n will be used or r which you ar	only if it is direct	tly related to the
The follow  Do you have	ing driver/automobile information classification/position fo	yping speed:  n will be used of which you ar  □ Yes	only if it is direct re applying. □ No	tly related to the
The follow  Do you have  State	ing driver/automobile information classification/position for a valid driver's license?  Year of Expiration_	yping speed:  n will be used or which you an	only if it is direct re applying. No License Numbe	tly related to the
The follow  Do you have  State  Do you have	ing driver/automobile information classification/position for a valid driver's license?  Year of Expiration a car you could use in your work?	yping speed:  n will be used of which you ar  □ Yes  □ Yes	only if it is direct re applying.  □ No  _ License Numbe	tly related to the
The follow  Do you have  State  Do you have	ing driver/automobile information classification/position for a valid driver's license?  Year of Expiration_	yping speed:  n will be used of which you ar  □ Yes  □ Yes	only if it is direct re applying. No License Numbe	tly related to the
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The follow  Do you have State  Do you have Do you curre  (List at l	ing driver/automobile information classification/position for a valid driver's license?  Year of Expiration a car you could use in your work? ently have automobile liability insurance.  REFER	yping speed: n will be used of which you ar  □ Yes □ Yes e? □ Yes  RENCES a Supervisor or	only if it is direct re applying.  No License Numbe  No No	r
The follow  Do you have State  Do you have Do you curre  (List at l	a valid driver's license?  Year of Expiration a car you could use in your work?  ently have automobile liability insurance  REFEI  east three (3), one of which should be	yping speed: n will be used of which you ar  □ Yes □ Yes e? □ Yes  RENCES a Supervisor or	only if it is direct re applying.  No License Numbe  No No	t list relatives)
The follow  Do you have State  Do you have Do you curre	a valid driver's license?  Year of Expiration a car you could use in your work?  ently have automobile liability insurance  REFEI  east three (3), one of which should be	yping speed: n will be used of which you ar  □ Yes □ Yes e? □ Yes  RENCES a Supervisor or	only if it is direct re applying.  No License Numbe  No No	t list relatives)  Telephone Num

### SUMMARY OF EMPLOYMENT HISTORY

Give complete information regarding present and former employment, beginning with *most recent*. If additional space is needed, attach a supplementary sheet.

### May we contact your current employer? □ Yes $\square$ No From / / To / / Name of Employer \_\_\_\_ Street City State Zip Phone Number Ending Salary Position Immediate Supervisor Specific Duties Reason for Leaving \_\_\_ From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Name of Employer \_\_\_\_\_ Address \_\_\_\_\_ Street City Zip State Phone Number Ending Salary Position Immediate Supervisor Specific Duties \_\_\_\_\_ Reason for Leaving From \_\_\_/\_\_ To \_\_\_/\_\_ Name of Employer \_\_\_\_\_ Address \_\_\_\_\_ State Zip Phone Number Ending Salary\_\_\_\_\_ Position\_\_\_\_\_ Immediate Supervisor\_\_\_\_\_ Specific Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ From / / To / / Name of Employer Address \_\_\_\_\_ Street City State Zip Phone Number Ending Salary\_\_\_\_\_\_Position\_\_\_\_\_Immediate Supervisor\_\_\_\_\_ Specific Duties Reason for Leaving \_\_\_\_\_\_ Name of Employer \_\_\_\_\_ From \_\_\_/\_\_ To \_\_\_/\_\_ Address City Street State Zip Phone Number Ending Salary\_\_\_\_\_\_ Position\_\_\_\_\_ Immediate Supervisor Specific Duties Reason for Leaving

Referral or Recruitment Source for position:		
Please list names of relatives employed by this Agency, if any:		
Prior to any final offer of employment, Securit	ty Clearances must be completed.	
Outline briefly any other skills or life experience wh your qualifications and	• •	
The answers that I have made on this form are true and compsychological examination, including drug screening, if it is undergo a law enforcement background check including fing required for the position. I understand that any false, incompl shall be sufficient cause for rejection or dismissal and I venforcement of Drug Free Workplace and Drug Testing Poworkplace. I understand that pre-employment drug testing is re-	required for the position. Also, I am willing to gerprinting, and a driver abstract check, if it is ete or misrepresented statement in this application oluntarily demonstrate my support for the strict licies, and the attempt to eradicate drugs in the	
Signature	Date	

# TRUMBULL COUNTY CHILDREN SERVICES BOARD

# **Reference Liability Release**

Name:	
Address:	
Social Security Number:	
In connection with my application for employment with the affixing my signature hereto, I am authorizing the release of to be made available to the Trumbull County Children Servecord, and personal conduct and character including any cavailable.	of any and all information, including driver abstracts, vices Board, concerning my work habits, employment
Additionally, I release from all liability and claims of dama providing such information to the Trumbull County Childres personal information compiled as a result of this release she candidacy for employment with the Trumbull County Childres original.	en Services Board. Further, it is understood that all the all be used for the exclusive purpose of evaluating my
Signed	d:
Date	

Ohio Administrative Code, Chapter 5101:2-5-09, requires that "persons employed in positions responsible for the daily direct care or supervision of children shall be at least twenty-one years of age."
As the position you are applying for requires the direct care or supervision of children, are you at least twenty-one years of age?

	(Please Check One)	
	Yes No	
Signature of Applicant	Date	

Revised 3/16

### Dear Applicant:

The completion of information below is *voluntary*. This Agency considers applicants for all positions without regard to race, color, religion, sex, national origin, disability, age, ancestry, marital or veteran status.

The Ohio Civil Rights Commission has developed <u>Rule 4112-5-04</u> (Record Keeping). This allows the employer the right to gather records of the race, religion, sex, or national origin of applicants for employment.

Please submit this completed slip with your Application form. The information <u>will be used solely for EEO purposes in compliance with State and Federal Laws and Guidelines.</u>

### EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

		Date://
Position you are a	pplying for (check one)	):
Administr Caseworker	rator/SupervisionOtl	Clerical Maintenance Caseaide her (explain)
Social Security Nu	ımber	Name
How did you hear	about our Agency and	the particular position you are applying for?
Please check:	Male	Female
A	White	Persons having origin in any of the original people of Europe, North Africa, or Middle East.
В	Black	Persons having origin in any of the Black racial groups.
C	Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.
D	American Indian Alaskan Native	Persons having origins in any of the original peoples of North America, and who maintain cultural identification Through tribal affiliation or community recognition.
Е	Asian/Pacific Islanders	Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.
F	Handicap	Individual with a physical condition that limits his or her ability to attain employment.
G	Viet Nam Veteran	

Note: The employer will keep this form separate from the employee's application.