



Joe Patton, Director
951 Commerce Parkway
Lima, Ohio 45804

APPLICATION FOR EMPLOYMENT

APPLICANT DEMOGRAPHIC INFORMATION

NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS: (STREET) _____

(CITY) _____

(STATE) _____ (ZIP CODE) _____

TELEPHONE: (_____) - _____

POSITION(S) APPLIED FOR: _____

Are you 18 years of age or older? Y N Date available for work? _____

Have you previously filed an application? Y N If YES, dates: _____

Have you been employed here before? Y N If YES, dates: _____

Do you have relatives or family members employed by this agency? Y N

If YES, name of relative: _____

Are you employed now? Y N

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Y N

(Proof of citizenship or immigration status may be required upon offer of employment)

Are you on layoff and subject to recall? Y N Can you travel if a job requires it? Y N

Are you able to perform the essential functions of the job with or without reasonable accommodation? Y N

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or genetics.

ARMED SERVICES

Have you ever served in the United States Armed Services? Y N
If YES, please provide dates of service, duties and special training: _____

Type of Discharge: HONORABLE GENERAL DISHONORABLE OTHER _____

APPLICANT REFERENCES

Please give the name, address and telephone number of three references who are **not** related to you and are **not** former employers:

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____	Telephone: _____

EDUCATION INFORMATION

Have you attained a High School diploma or G.E.D? Y N

Name of High School (s) attended: _____

Have you attained a post-secondary degree or certification? Y N

Name of college or university attended: _____ Number of years: _____

Degree/certification attained and field of study: _____

Please describe any specialized training, apprenticeship, skills and extra-curricular activities:

(Transcripts and Certificates of Completion of course work or specialized training may be required upon offer of employment)

Honors received, foreign languages spoken, and/or professional licenses held: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent employment. You should include military service as well as volunteer activities. You may exclude organization names in which you volunteered that would indicate race, color, religion, sex, national origin, age, disability or genetics.

EMPLOYER: _____ **STARTING SALARY:** _____
ADDRESS: _____ **FINAL SALARY:** _____
_____ **PHONE:** _____

JOB TITLE: _____ **SUPERVISOR:** _____
JOB DUTIES: _____

REASON FOR LEAVING: _____ **DATES EMPLOYED:** _____
MAY WE CONTACT? Y N

EMPLOYER: _____ **STARTING SALARY:** _____
ADDRESS: _____ **FINAL SALARY:** _____
_____ **PHONE:** _____

JOB TITLE: _____ **SUPERVISOR:** _____
JOB DUTIES: _____

REASON FOR LEAVING: _____ **DATES EMPLOYED:** _____
MAY WE CONTACT? Y N

EMPLOYER: _____ **STARTING SALARY:** _____
ADDRESS: _____ **FINAL SALARY:** _____
_____ **PHONE:** _____

JOB TITLE: _____ **SUPERVISOR:** _____
JOB DUTIES: _____

REASON FOR LEAVING: _____ **DATES EMPLOYED:** _____
MAY WE CONTACT? Y N

ADDITIONAL INFORMATION

Please provide any additional information you feel would be helpful to us in considering your application (submit additional documents, including resume and cover letter, if necessary).

EMPLOYMENT APPLICATION AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Those investigations may include, but are not limited to, verification of prior employment, verification of academic record, investigation of criminal record and other background checks. I understand that this application is not (and is not intended to be) a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s), or documentation submitted in support of my application, may result in discharge. Additionally, I understand that as a public employee I will be held to a high standard of conduct, and that I am required to abide by all rules, regulations, policies and procedures adopted by the agency.

Signature: _____

Date: _____

Print, sign and return completed application via email to Jacob.Larger@jfs.ohio.gov or deliver/mail to Allen County Department of Job and Family Services 951 Commerce Pkwy., Lima, OH 45804.



Joe Patton, Director
951 Commerce Parkway
Lima, Ohio 45804

APPLICANT SELF-IDENTIFICATION DATA RECORD

The Allen County Department of Job and Family Services is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the Agency to invite employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability or genetics.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

REFERRAL SOURCE (circle one)

Table with referral sources: ADVERTISEMENT, FRIEND, RELATIVE, WALK-IN, EMPLOYMENT AGENCY, OTHER:_____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the gender, race/ethnicity, disability and veteran status of applicants. This data is for analysis and reporting only. Submission of information about a disability is strictly voluntary.

GENDER (circle one): MALE FEMALE

RACE/ETHNICITY (circle one):

- AFRICAN AMERICAN AMERICAN INDIAN or ALASKAN NATIVE
ASIAN or PACIFIC ISLANDER CAUCASIAN
HISPANIC or LATINO TWO or MORE RACES

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? YES NO

Have you ever served in the U.S. Military or uniformed services? YES NO