



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: \_\_\_\_\_

Were you referred to apply for this position by any employee of this agency? Y N
If YES, please provide his or her name: \_\_\_\_\_

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](mailto: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