



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.

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## ARMED SERVICES

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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 \_\_\_\_\_

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## APPLICANT REFERENCES

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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: _____

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## EDUCATION INFORMATION

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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: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

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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

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**EMPLOYER:** \_\_\_\_\_ **STARTING SALARY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **FINAL SALARY:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_  
**JOB DUTIES:** \_\_\_\_\_

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

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**EMPLOYER:** \_\_\_\_\_ **STARTING SALARY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **FINAL SALARY:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_  
**JOB DUTIES:** \_\_\_\_\_

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

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## **ADDITIONAL INFORMATION**

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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).

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## **EMPLOYMENT APPLICATION AGREEMENT**

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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.



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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

Please **ONLY** complete asterick fields.

Ohio Department of Job and Family Services  
**CODE OF RESPONSIBILITY**  
 \* PLEASE PRINT \*

Name (First, MI, Last) **		Work Phone	Supervisor's Name and SOUID	
County	County Agency (CDJFS CSEA PCSA)	State Office		Bureau/Office
Primary Work Street Address		Non-state Email Address **		
Date of Birth (optional, mm/dd/yyyy)	Cell Phone	Work Email Address		
PW Recovery PIN (optional, nnnn)	Prior State or County Worker (new user only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing or Previous RACF /JFS ID / OH ID		
AGENCY TYPE: <input type="checkbox"/> ODJFS <input type="checkbox"/> Non-ODJFS State <input type="checkbox"/> County <input type="checkbox"/> Local Govt. <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Federal				
<input type="checkbox"/> Contract Employee	Contract Company Name	Contract Telephone No	Contract Expiration Date	

ACCESS REQUESTED (Local Security Coordinator/Supervisor use only)

<input type="checkbox"/> ODJFS Network	<input type="checkbox"/> ODJFS Email	<input type="checkbox"/> CRISE Mainframe	<input type="checkbox"/> SETS	<input type="checkbox"/> SACWIS	<input type="checkbox"/> VPN
OTHER Access				Business Role	

**PLEASE READ CAREFULLY**

Security and confidentiality are a matter of concern for all users of the Ohio Department of Job and Family Services (ODJFS) information systems and all other persons who have access to ODJFS confidential data. Each person that is entrusted with an authorized ID to access ODJFS systems, holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, 45 CFR Parts 160 and 164 (HIPAA-45 CFR 164.501); 42 CFR 431.300 through 431.307; 5 USC 552a; 45 CFR 205.50; 7 CFR 272.1(c); Ohio Revised Code (ORC) sections 5101.27 through 5101.30, 5101.99, 3107.17, 3107.42, 3107.99, 3121.894, 3121.899, 3121.99, 3125.08, 3125.50, 3125.99, 4141.21, 4141.22, 4141.99, and 5160.45; and OAC rules 4141-43-01 through 4141-43-03, 5101:1-1-03, 5101:1-1-36, and 5101:4-1-13.

An authorized user's conduct either on or off the job may threaten the security and confidentiality of this information. It is the responsibility of every user to know, understand and comply with the following:

- I acknowledge receiving and agree to abide by the ODJFS Code of Responsibility Policy (IPP 3922), the ODJFS Information Security Policy (IPP 3001), and ODJFS Computer and Information Systems Usage Policy (IPP 10002). These policies, available via the ODJFS Innerweb or upon request, can also be provided by either my supervisor or the ODJFS Access Control Unit. It is my responsibility, as the person requesting access, to become familiar with these policies.
- I will not make or permit unauthorized uses of any information maintained by ODJFS, regardless of the medium in which it is kept.
- I will only access information about recipients of ODJFS benefits or services, or about ODJFS employees, that is collected and maintained on ODJFS or state computer systems for those purposes authorized by ODJFS, and as directly related to my official job duties and work assignments for, and on behalf of, ODJFS and/or a federal oversight agency.
- I will not seek to benefit personally or permit others to benefit personally from the use or release of any confidential information (as identified in federal and state laws and regulations) which has come to me by virtue of my work assignment.
- I will not exhibit or divulge the contents of any record to any person except in the conduct of my work assignment or in accordance with the policies of ODJFS.
- I will not knowingly include or cause to be included in any record or report false, inaccurate or misleading information.
- I will not remove or cause to be removed copies of any official record or report from any file from the office where it is kept, except in the normal conduct of my work assignment and in accordance with the policies of ODJFS.
- I will not violate rules and/or regulations concerning access and/or improperly use security entry cards or codes for controlled areas.
- I will not divulge or share either my security code(s) (e.g., sign-on, password, key card, PIN, etc.) or the security code(s) of any other person or entity who performs work for or with, receives benefits from, or who accesses ODJFS systems and/or facilities.
- I will immediately report any violation of this code of responsibility to my supervisor and/or the OIS Access Control Unit.
- I will not aid, abet or act in conspiracy with another or others to violate any part of this code.
- I will treat all case record material as confidential and will handle Federal Tax Information (FTI) material with extra care. I understand that Internal Revenue Code Sections 7213(a), 7213A and 7431 provide civil and criminal penalties for unauthorized inspection or disclosure. These penalties include a fine of up to \$5000 and/or imprisonment of up to 5 years.
- I will not load any personally-owned software or software not licensed to ODJFS on any ODJFS-owned equipment without 'proper authorization,' as defined in the ODJFS Information Security Policy.
- NDNH civil and criminal penalties** - I understand the civil and criminal sanctions for non-compliance contained in the applicable federal and state laws, including Section 453(l)(2) of the Social Security Act. 42 U.S.C.653(l)(2) will result in federal penalties for unauthorized inspection or disclosure of NDNH data
- I will also comply with the terms of any business associate or data sharing agreement that has been entered by my employer.

**In addition to applicable sanctions under federal and state regulations, violations of this policy will be reviewed on a case-by-case basis and may result in disciplinary action up to and including removal.**

I have read, understand and will comply with this ODJFS Code of Responsibility.

Applicant Signature **	Date **
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Signature - affirms that the employee has been confirmed eligible to have the requested access

Supervisor Signature	Date
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FOR Access Control Use ONLY
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Form Instructions: <http://innerweb/omis/InfoSecurity/InfoSecindex.shtml>