

SECTION 1 – PERSONAL INFORMATION

SOCIAL SECURITY NO. _____

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ AREA CODE & HOME PHONE NUMBER _____

(OPTIONAL) AREA CODE & CELL PHONE NUMBER _____

(OPTIONAL) AREA CODE & WORK PHONE NUMBER _____

E-MAIL ADDRESS _____

The Civil Rights Act prohibits discrimination in employment because of race, color, age, religion, sex, national origin, or handicap.

LAKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

AVAILABILITY INFORMATION	YES	NO	POSITIONAL APPLIED FOR
Are you interested in FULL-TIME PERMANENT work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you interested in PART-TIME work?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you interested in TEMPORARY work?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you interested in SUMMER work only?	<input type="checkbox"/>	<input type="checkbox"/>	

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have a valid Ohio Driver’s License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If necessary, can you supply your own transportation for work use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you work overtime if required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed in the State or County service of Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered “YES” to question number 4, please list those employers and the dates of employment.

NOTE: A resume may *not* be used as a substitute for completing this application. Please provide **COMPLETE numerical addresses including zip codes on references and previous employment.**

SECTION II – EXPERIENCE

In the areas below, please indicate your past work experience. Beginning with your most recent employment, list the previous jobs which you have held, including a brief description of the job duties performed. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Major volunteer work or internships should be included as employment, be sure to indicate their volunteer nature, and supply other necessary information.

PRESENT OR MOST RECENT JOB: MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Employer's name and address _____
Zip Code _____ Employer's Phone Number _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____
Zip Code _____ Employer's Phone Number _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties Performed _____

Employer's name and address _____
Zip Code _____ Employer's Phone Number _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties Performed _____

Employer's name and address _____
Zip Code _____ Employer's Phone Number _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties Performed _____

Employer's name and address _____
Zip Code _____ Employer's Phone Number _____
Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
Reason for leaving _____
Position (job title) _____ Salary: beginning _____ ending _____
Duties Performed _____

SECTION III – EDUCATION AND TRAINING

Note: A transcript will be required to document this section.

	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School Name City & State				
Years Completed:				
Diploma/Degree:				
Describe Course of Study:			Major: Minor:	Major: Minor:
Date Graduated: (Month/Year)			Date Graduated:	Date Graduated:
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

For example, if you were to apply for a position in the social work area, a proper list of coursework areas might include:
(EXAMPLE ONLY, DO NOT WRITE IN THIS AREA)

COURSE WORK AREA	NO. OF COURSES
Counseling	1
Interviewing	1
Psychology	1
Social Work	4
Office Practices	1
Speech	1

Now, keeping this example in mind, please list below the specific coursework areas that you have completed which you feel are relevant to the position(s) you request:

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: A transcript will be required to document this section.

TRAINING AND OTHER QUALIFICATIONS

Please list any languages, other than English, that you speak fluently:

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above):

Type of Training	Organization	Length of Training	Subject(s) Covered
_____	_____	_____	_____

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

SECTION IV – MISCELLANEOUS

REFERENCES

In the area below, please list the names and address of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION. Do not use personal references.

NAME	ADDRESS	CITY	STATE	ZIP	DAYTIME PHONE
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

All job offers are pending references, drug testing, a criminal background check, and a BMV Record check. Youth Leader Positions also require a physical examination.

APPLICANT’S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application 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) may result in immediate discharge without prior progressive disciplinary action.

In the event of employment, I understand I will serve a 180 day probationary period.

SIGNATURE OF APPLICANT _____

DATE _____

Former name (if applicable) with employers _____

On what date would you be available for work? _____

Referral source: ODJFS Friend Relative Walk-In CS Exam
 Employment & Training Division Website Other: _____

RELEASE OF INFORMATION

I authorize the Lake County Department of Job and Family Services (LCDJFS) to contact all of my previous employers and any individuals providing employment references in order to gain information that will assist LCDJFS in determining my suitability for employment (i.e. information about my work history, education, etc.). I authorize all of my previous employers and my individuals providing employment references to release said information to LCDJFS.

Print Name

Date

Sign Name

PROHIBITED CRIMINAL CONVICTIONS

The offenses listed in section 5101:2-5-09 of the Ohio Administrative Code are generally prohibited convictions for employment in positions working with children (i.e. Youth Leader, Youth Leader Supervisor, Social Services Worker, Social Services Supervisor, etc.) Please note that an applicant may be hired even if convicted of an offense listed on this document if certain conditions have been met.

OFFENSES LISTED IN SECTION 5101:2-5-09 OF THE OHIO ADMINISTRATIVE CODE

OFFENSES AGAINST ANIMALS

R.C. 959.1 Cruelty to animals

HOMICIDE

R.C. 2903.01 Aggravated murder
R.C. 2903.02 Murder
R.C. 2903.03 Voluntary manslaughter
R.C. 2903.04 Involuntary manslaughter

ASSAULT

R.C. 2903.11 Felonious assault
R.C. 2903.12 Aggravated assault
R.C. 2903.13 Assault
R.C. 2903.15 Permitting child abuse
R.C. 2903.16 Failing to provide for a functionally impaired person

MENACING

R.C. 2903.21 Aggravated menacing
R.C. 2903.211 Menacing by stalking
R.C. 2903.22 Menacing

PATIENT ABUSE & NEGLECT

R.C. 2903.34 Patient abuse, neglect

KIDNAPPING & RELATED ISSUES

R.C. 2905.01 Kidnapping
R.C. 2905.02 Abduction
R.C. 2905.04 Child stealing (as this law existed prior to July 1, 1996)
R.C. 2905.05 Criminal child enticement

SEX OFFENSES

R.C. 2907.02 Rape
R.C. 2907.03 Sexual battery
R.C. 2907.04 Unlawful sexual conduct with a minor / Corruption of a minor
R.C. 2907.05 Gross sexual imposition
R.C. 2907.06 Sexual imposition
R.C. 2907.07 Importuning
R.C. 2907.08 Voyeurism
R.C. 2907.09 Public indecency
R.C. 2907.12 Felonious sexual penetration (as this former section of law existed)
R.C. 2907.21 Compelling prostitution
R.C. 2907.22 Promoting prostitution
R.C. 2907.23 Procuring
R.C. 2907.25 Prostitution
R.C. 2907.31 Disseminating matter harmful to juveniles

PROHIBITED CRIMINAL CONVICTIONS

R.C. 2907.32	Pandering obscenity
R.C. 2907.321	Pandering obscenity involving a minor
R.C. 2907.322	Pandering sexually oriented matter involving a minor
R.C. 2907.323	Illegal use of minor in nudity-oriented material or performance

ARSON & RELATED OFFENSES

R.C. 2909.02	Aggravated arson
R.C. 2909.03	Arson
R.C. 2909.22	Soliciting or providing support for act of terrorism
R.C. 2909.23	Making terroristic threat
R.C. 2909.24	Terrorism

ROBBERY & BURGLARY

R.C. 2911.01	Aggravated robbery
R.C. 2911.02	Robbery
R.C. 2911.11	Aggravated burglary
R.C. 2911.12	Burglary

THEFT AND FRAUD

R.C. 2913.49	Identity Fraud
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OFFENSES AGAINST THE PUBLIC PEACE

R.C. 2917.01	Inciting to violence
R.C. 2917.02	Aggravated riot

OFFENSES AGAINST THE FAMILY

R.C. 2919.12	Unlawful abortion
R.C. 2919.22	Endangering children
R.C. 2919.23	Interference with custody (that would have been a violation of R.C. 2905.04 as it existed prior to July 1, 1996 if violation had been committed prior to that date)
R.C. 2919.24	Contributing to unruliness or delinquency of a child
R.C. 2919.25	Domestic violence

WEAPONS CONTROL

R.C. 2923.12	Carrying a concealed weapon
R.C. 2923.13	Having a weapon while under disability
R.C. 2923.161	Improperly discharging a firearm at or into a habitation or school

DRUG OFFENSES

R.C. 2925.02	Corrupting another with drugs
R.C. 2925.03	Trafficking in drugs
R.C. 2925.04	Illegal manufacture of drugs or cultivation of marijuana
R.C. 2925.05	Funding of drug or marijuana trafficking
R.C. 2925.06	Illegal administration or distribution of anabolic steroids
R.C. 2925.11	Possession of drugs or marijuana that is not a minor drug possession offense

OTHER

R.C. 2323.01	Conspiracy (that involved an attempt to commit aggravated murder or murder)
R.C. 2927.12	Ethnic intimidation
R.C. 3716.11	Placing harmful objects in food or confection
R.C. 4511.19	Operating vehicle under the influence of alcohol or drugs – OVI or OVUAC (if the person previously was convicted of or pled guilty to two(2) or more violations within the three (3) years immediately preceding the current violation)



Lake County, Ohio

*Lake County Government
Insurance Office
105 Main St., 4th floor
Painesville, Ohio 44077*

ANNUAL DRIVER'S LICENSE CHECK

The information listed below is needed by the Insurance Office to do a pre-employment and/or annual driver's license check with the Bureau of Motor Vehicles. This information must be provided as stated in Lake County's Driver/Vehicle Policy.

Please complete the requested information and return to the Job and Family Services Personnel Office.

LAKE COUNTY JOB & FAMILY SERVICES

Name: _____

Driver's License Number: _____

Driver's License State: _____

LICENSE/INSURANCE/MAINTENANCE REQUIREMENTS

I, the undersigned, agree, as a requirement for driving a county owned vehicle or personal vehicle during the course of employment, I will maintain a valid State of Ohio Driver's License.

I, the undersigned, agree, as a requirement for my personal vehicle during the course of my employment with Lake County, will retain automobile liability insurance for bodily injury and property damage on the vehicle that I am driving for at least the minimums required by the State of Ohio. I further agree to maintain my vehicle in, to the best of my knowledge, a roadworthy condition.

SIGNATURE: _____

DATE: _____

**COMPLETE THE APPLICATION & RETURN IT TO
THE J.F.S. PERSONNEL OFFICE**

Email the application to: LAKE_EMP_APP@jfs.ohio.gov