

APPLICATION FOR EMPLOYMENT

Revised 1-8-16

The Juvenile Residential Center of Northwest Ohio is an equal opportunity employer and upon request will provide reasonable accommodations for any disabled person. The law prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

Even if you are submitting supplemental information with your application, all information on the Juvenile Residential Center of Northwest Ohio Application for Employment must be complete.



Personal Information

Name			Social Security Number			
Last	First	Middle				
Address				How did you find out about this position? <input type="checkbox"/> County Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
Street	City	State	Zip Code			
Phone Number						
Home		Other Contact Number				
Do you have the legal right to live and work in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of emergency contact						
Name			Phone			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Employment Desired

Position(s)	Date you can start	Salary Desired
Have you ever applied to JRCNWO before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Which office or department?		
Have you previously worked for Wood County? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Which office or department?		

List any relatives employed by Wood County:

Name	Department	Relationship

Given the essential functions of the job classification for which you have applied, are you capable of performing those duties and functions in a reasonable manner? Yes No

Can you travel if the job requires it? Yes No

Education

Name and Location of School	No. of years attended	If hired, can you furnish proof of graduation or G.E.D.?
High School		
College		
Trade or		

Business School

List any college degrees awarded:

List computer software in which you have skills, including word processing, spreadsheets and database programs. Please indicate the name of the specific software:

List special clerical skills, including typing and shorthand/speedwriting:

Are you a veteran?

Yes No

If yes, what branch of service?

List Rank

Length of Service

Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

License/Certification Issued By	Field/Trade/Specialization	License/Certification Number	Expiration Date
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Driver's License Check if CDL

Personal References

Persons who have known you for at least one year (not including former employers or relatives)

Name and Occupation	Address	Telephone	Years Known

Employment History

Are you currently employed?

Yes Full-time

Yes Part-time

No

If your employment record may be under another name, please provide.

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer.

Business	Hire Date	Reason for Leaving
Address	Ending Date	
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe job duties	
Last Supervisor's Name		
Ending Salary		

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Address	Ending Date	
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		

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Address	Ending Date	
	Position(s) Held	
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Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		

Summary of Qualifications

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.

READ CAREFULLY BEFORE SIGNING

In consideration of the Juvenile Residential Center of Northwest Ohio's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with JRCNWO, against JRCNWO or its employees, the JRCNWO Governing Board, Wood County and/or Wood County agencies or employees, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitation for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitation set forth herein, and

I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

Release and Authorization

Initial each statement on the line provided. All lines must be initialed in order for application to be considered.

- _____ I authorize the Juvenile Residential Center of Northwest Ohio (JRCNWO) to obtain copies of my work record and educational history from my former employers and/or educational institutions, but I ask that you not contact the following employer:
- _____ I authorize JRCNWO to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions.
- _____ I consent that my physician or any other person who has provided medical or psychological treatment may release to the Appointing Authority or his or her representative treatment records which may be relevant to my employment or any disability which may prevent me from performing the essential functions of the position for which I have applied.
- _____ In the event that I am hired, I authorize JRCNWO to update and supplement this information during my employment.
- _____ I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment related information to JRCNWO.
- _____ I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.
- _____ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it will not be considered.
- _____ **I understand that if I am hired, I will be an employee at will with the Juvenile Residential Center of Northwest Ohio and may be discharged from my position for any reason or no reason as allowed by law.**
- _____ I understand that falsified statements or misleading information given in any application or interview may result in discharge from employment.
- _____ I understand JRCNWO may decline to interview or hire a candidate who does not present the professional appearance, demeanor, and attitude expected of a representative of the Court, such as a candidate who has visible body piercings or tattoos, a style of dress, or a hair style inconsistent with appropriate standards of professionalism.
- _____ The Juvenile Residential Center of Northwest Ohio conducts pre-employment and reasonable suspicion drug testing. I authorize and understand that my employment will be conditioned on the completion of a satisfactory background check, including criminal offenses, and may include passing a drug test for illegal drug use.

Applicant's Signature

Date

Sworn to before me and signed in my presence

this _____ day of _____, 20____

Notary's Signature

(seal)

(typed or printed name)

Notary Public, State of Ohio

My commission expires _____