

MEDINA COUNTY JUVENILE DETENTION CENTER

EMPLOYMENT APPLICATION

Return application to: 655 Independence Dr. Medina, OH 44256 Phone: 330.764.8408 Fax: 330.764.8412

OFFICE USE ONLY

Application received _____ Superintendent approval: Yes No Date _____

PERSONAL INFORMATION

Position applying for: _____ Application date: _____

Last name _____ First _____ Middle initial _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Home ph. _____ Cell ph. _____ Work ph. _____

Email address _____ SSN _____ - _____ - _____

Referral source _____ Desired salary _____ Available start date _____

- 1) Are you at least 21 years of age? Yes No
- 2) Are you willing and able to secure a valid Ohio Driver License if one is required? Yes No
- 3) Have you ever been employed by the State of Ohio or Medina County? Yes No
- 4) You are applying for a position requiring a high level of public trust. Is there anything from your past that might prevent you from obtaining employment with us? Yes No

If yes to question #3 or #4, provide dates and details:

SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application/examination file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for an SSN is mandatory. Your SSN may be used for purposes including, but not limited to; identification of obligors under child support orders, detection of welfare fraud, processing background checks, tax information, or general employee information.

UNITED STATES ARMED SERVICES STATUS

Are you a veteran? Yes No Branch of service _____ Years of service _____

Duty/specialized training? _____

Are you currently serving in the U.S. military? Yes No

PERSONAL REFERENCES

(Persons you have known for at least three years, not including relatives or former employers)

Name _____ Occupation _____ Phone _____

Address _____ Email: _____ Years known _____

Name _____ Occupation _____ Phone _____

Address _____ Email: _____ Years known _____

Name _____ Occupation _____ Phone _____

Address _____ Email: _____ Years known _____

EMPLOYMENT HISTORY (Starting with most recent employer)

EMPLOYER 1 _____ Type of business _____
Address _____ Employed from _____ until _____
City _____ State _____ Zip Code _____ Phone # _____
Starting job title _____ Final job title _____ Salary _____
Most recent immediate supervisor name & title _____ - _____
Supervisor email: _____ Reason for leaving _____
Duties performed: _____

=====

EMPLOYER 2 _____ Type of business _____
Address _____ Employed from _____ until _____
City _____ State _____ Zip Code _____ Phone # _____
Starting job title _____ Final job title _____ Salary _____
Most recent immediate supervisor name & title _____ - _____
Supervisor email: _____ Reason for leaving _____
Duties performed: _____

=====

EMPLOYER 3 _____ Type of business _____
Address _____ Employed from _____ until _____
City _____ State _____ Zip Code _____ Phone # _____
Starting job title _____ Final job title _____ Salary _____
Most recent immediate supervisor name & title _____ - _____
Supervisor email: _____ Reason for leaving _____
Duties performed: _____

=====

EMPLOYER 4 _____ Type of business _____
Address _____ Employed from _____ until _____
City _____ State _____ Zip Code _____ Phone # _____
Starting job title _____ Final job title _____ Salary _____
Most recent immediate supervisor name & title _____ - _____
Supervisor email: _____ Reason for leaving _____
Duties performed: _____

=====

EMPLOYER 5 _____ Type of business _____
Address _____ Employed from _____ until _____
City _____ State _____ Zip Code _____ Phone # _____
Starting job title _____ Final job title _____ Salary _____
Most recent immediate supervisor name & title _____ - _____
Supervisor email: _____ Reason for leaving _____
Duties performed: _____

EDUCATIONAL BACKGROUND

High School & location _____ Graduate? Yes No

Major area(s) of study _____

GED certificate number: _____ GED issued by: _____

College & location _____ Graduate? Yes No

Major area(s) of study _____

Graduate school/location _____ Graduate? Yes No

Major area(s) of study _____

TECHNICAL BUSINESS, PROFESSIONAL, ETC...

Vocational or other training _____ Graduate? Yes No

Major area(s) of study _____

Additional post-high school education? _____

CERTIFICATIONS/PROFESSIONAL LICENSES

License/certification: _____ Issued by: _____ Date _____

License/certification: _____ Issued by: _____ Date _____

License/certification: _____ Issued by: _____ Date _____

License/certification: _____ Issued by: _____ Date _____

VOLUNTEER EXPERIENCE

Please list any volunteer experience that you feel has been beneficial to you and that may be relevant to the position you are applying for.

SUMMARY OF QUALIFICATIONS

Briefly describe any experience, education, training, and other factors that qualify you for the position you are interested in.

CERTIFICATION CONTRACT

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge and authorize the Medina County Juvenile Detention Center and/or its agents to verify their accuracy and to obtain reference information on my work performance. I hereby release the Medina County Juvenile Detention Center from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that if this application is not completed in its entirety, it may not be processed and I will be disqualified from employment. I waive all provisions of law forbidding colleges or universities which I have attended, or past employers, from disclosing any information to the Medina County Human Resources Department, the Department of Administrative Services , and/or the Medina County Juvenile Detention Center (to which I am applying) for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

If employed, I agree to engage in no outside activity which would involve material conflict of interest with, or which could reflect adversely on the Medina County Juvenile Detention Center or the Medina County Juvenile Court. I further understand and agree that this decision rests solely with the Medina County Juvenile Detention Center.

If employed, I agree to hold in strictest confidence any information concerning the Medina County Juvenile Detention Center, the duly elected appointing authorities, its Insureds, and its agents that may come to my knowledge.

If I am employed, I agree to conform to the policies of the Medina County Juvenile Detention Center, and the Medina County Board of Commissioners where the Detention Center does not have its own policy. I understand and agree that my employment can be terminated with appropriate notice, at any time, at their option or myself. I understand and agree that this Employment Application does not guarantee employment.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered until after becoming employed, is grounds for, and may result in, my immediate termination.

I understand that I will be required to successfully complete a urinalysis screen for drug testing purposes as well as a polygraph examination and criminal records background check prior to employment. By submitting this application I hereby consent to a drug test, polygraph exam, and all other background checks.

EQUAL OPPORTUNITY EMPLOYER

The MCJDC provides equal opportunity with regard to all terms and conditions of employment. The MCJDC complies with all Federal and State laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, ancestry, age, sex, marital status, disability or handicap, or veteran status. *Please note that this form becomes public record when submitted to us.*

By signing below I acknowledge that I have read, understand, and agree to the above statements.

Applicant signature _____

Date _____

Printed name _____