

MARION COUNTY JOB & FAMILY SERVICES

EMPLOYMENT APPLICATION

Marion County Job & Family Services does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected under local, state or federal laws. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety.

PERSONAL INFORMATION

Name: _____ Date of Application: _____

Last

First

Middle

Other names by which you have been known: _____

Last 4 digits of Social Security Number: _____

Present Address:

Street Address

City/State/Zip

Primary Telephone Number: _____ Email address: _____
Area Code + Number

Do you have the legal right to work in the United States? Yes No

Proof of identity and work authorization will be required upon employment.

If you have been employed by MCJFS before, dates of employment: _____

Do you have relatives who are employed by MCJFS? Yes No

If yes, list employee's name and relationship: _____

How did you hear about us? OhioMeansJobs.com OhioMeansJobs-Marion County Friend Relative
 Marion County JFS Website Advertisement Other: _____

EMPLOYMENT PREFERENCES

Position(s) Desired: _____

Minimum Acceptable Starting Wage: _____/hr.

Days Available: Monday Tuesday Wednesday Thursday Friday

Hours Available: _____ A.M. to _____ P.M. Full Time (40 hrs.) Part Time: _____ max # of hrs.

Explain any scheduling conflicts due to outside interests and/or commitments:

EDUCATION

Level of Education	School Name/Location	Course of Study or Major	Graduate?	Degree/Diploma/Certificate	GPA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

Provide the following information for your present and past employment.

Employer Name (<i>present/most recent</i>):			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address:			Telephone: ()		
Immediate Supervisor/Title:			Dates employed: <i>from:</i> <i>to:</i>		
Job Title:		Salary: <i>Beginning</i> \$ /hr. <i>Ending</i> \$ /hr.			
Description of job duties:			Reason For Leaving:		
Voluntary resignation with notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Comments:		
Employer Name:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address:			Telephone: ()		
Immediate Supervisor/Title:			Dates employed: <i>from:</i> <i>to:</i>		
Job Title:		Salary: <i>Beginning</i> \$ /hr. <i>Ending</i> \$ /hr.			
Description of job duties:			Reason For Leaving:		
Voluntary resignation with notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Comments:		
Employer Name:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address:			Telephone: ()		
Immediate Supervisor/Title:			Dates employed: <i>from:</i> <i>to:</i>		
Job Title:		Salary: <i>Beginning</i> \$ /hr. <i>Ending</i> \$ /hr.			
Description of job duties:			Reason For Leaving:		
Voluntary resignation with notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Comments:		

AFFILIATIONS

List professional, trade, business or civic organizations and offices/licenses held. (Exclude memberships which would reveal race, color, religion, national origin, sex, age, disability, or any other similarly protected status.)

SKILL EXPERIENCE INVENTORY

Indicate your proficiency in the following skill and/or knowledge areas (check all that apply); information is subject to verification.

Yes?	Skill	Yrs. Exp.	Yes?	Skill	Yrs. Exp.
	Microsoft Word			Internet / Web Browser	
	Microsoft Excel			Software Installation / Updates	
	Microsoft PowerPoint			Document Imaging / Scanning	
	Microsoft Outlook			Electronic Faxing	
	Microsoft Windows			Peripheral (printers, scanners, etc.)	
	OnBase			Report / Letter Writing	
	Customer Service (Via Telephone)			Customer Service (In-person)	
	Sorting / Opening Mail			Filing / Organizing	
	Complaint Resolution			Data Entry – WPM: _____	
	Crisis Intervention			Counseling	
	Providing Information & Referrals			Case Plan Development	
	Job Recruitment & Placement			Vocational Assessment	
	Interviewing			Legal Terminology	
	Supervision			Program / Operations Planning	
	Policy Development			Regulatory Compliance Oversight	
	Grant Writing / Proposal Writing			Accounting	
	Human Resources Management			Fiscal Management	

List any additional specialized training, skills, licenses/certifications (including veteran status) that may be beneficial in the performance of any job related functions:

PROFESSIONAL REFERENCES

List the name and telephone number of three (3) individuals whom we may contact for a professional or work related reference, *excluding relatives*.

REFERENCE #1			
Name:		Business / Organization:	
Telephone: ()	Email:		Years known:
Brief explanation of your working/professional relationship with the reference:			
REFERENCE #2			
Name:		Business / Organization:	
Telephone: ()	Email:		Years known:
Brief explanation of your working/professional relationship with the reference:			
REFERENCE #3			
Name:		Business / Organization:	
Telephone: ()	Email:		Years known:
Brief explanation of your working/professional relationship with the reference:			

CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I understand this application must be completed in full and submitted with a cover letter and resume in order to be considered an official application for employment.

I authorize investigation of all information and statements contained in this application, and I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment. I understand the investigation includes contacting personal references, former employers or their representatives for the purpose of obtaining information related to my work history and job performance, as well as additional information including criminal and civil convictions. I release from liability all individuals, including Job and Family Services and representatives for obtaining, furnishing and considering this job relevant information.

I understand an offer of employment is conditional pending County Commissioners' approval and may include a pre-employment drug screen. I further acknowledge this document is a public record, subject to the Ohio Public Records Act.

I understand this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this application will be maintained on file for one year and in active consideration for six months.

Applicant's Signature

Date

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 Marion, Ohio 43302-1759
 740-387-8560
 740-387-2175 (fax)
www.mcjfs.com