

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? www.OhioMeansJobs.com OhioMeansJobs-Marion County Friend
 Relative Marion County JFS Website (www.mcjfs.com)

EMPLOYMENT INFORMATION

Position(s) Desired: _____

Minimum Acceptable Starting Wage: _____/hr.

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>):		Telephone: ()	
Address:		Email address:	
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:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Voluntary resignation with notice Yes <input type="checkbox"/> No If no, please explain:		Comments:	

Employer Name (<i>present/most recent</i>):		Telephone: ()	
Address:		Email address:	
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:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Voluntary resignation with notice <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		Comments:	

Employer Name (<i>present/most recent</i>):		Telephone: ()	
Address:		Email address:	
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:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Voluntary resignation with notice <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		Comments:	

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



363 West Fairground Street
 Marion, Ohio 43302-1759

WWW.MCJFS.COM
 740-387-8560/740-387-2175 (fax)