

Office of Human Resources
 Columbiana County Department of Job and Family Services
 110 North Nelson Avenue
 Lisbon, Ohio 44432

NAME (Last, First, Middle)	
PRESENT ADDRESS	
CITY	STATE ZIP
HOME PHONE ()	BUS. PHONE ()
MOBILE ()	EMAIL
POSITION APPLIED FOR:	
DEPARTMENT	

APPLICATION FOR EMPLOYMENT

COLUMBIANA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Eileen Dray-Bardon, Director

State and Federal prohibits discrimination in employment on the basis of race color, religion, national origin and ancestry, sex, age and disability.

The Columbiana County Board of Commissioners is an Equal Opportunity Employer.

Consideration was given in the development of this form to your rights 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. Applications lacking sufficient information will be rejected.

Also, please note that this completed form will become a public record when submitted to our agency.

**COMPLIANCE WITH THE COUNTY'S DRUG TESTING POLICY IS A CONDITION OF EMPLOYMENT.
 THEREFORE, ALL JOB OFFERS ARE MADE WITH THE UNDERSTANDING THAT PROSPECTIVE EMPLOYEES
 PASS A DRUG SCREENING TEST PRIOR TO BEING HIRED.**

Date of Application _____

Personal Information

Social Security Number: _____

Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.

If Present Address is less than five years, please list most recent prior address:

Prior Address: _____

Street Address

City/State/Zip

Applicants must be a current resident of the State of Ohio.

Are you of legal age to work in the United States? Yes No

How long have you ever been employed by CCDJFS? Yes _____ No

Dates of Prior Employment

Do you have any relatives who are currently employed by CCDJFS? Yes No

If Yes, list employee's name and relationship _____

Have you been convicted of a felony in the past seven years? Yes No

If Yes, explain: _____

(A felony conviction may not automatically exclude you from consideration.)

Referral Sources: Advertisement Friend Relative Employment Other

Are you willing and able to secure an Ohio Driver's License? Yes No

Employment Interests

Type of Employment Full Time Part Time Educational Co-op/Practicum/Internship Minimum Acceptable Wage _____ /hr.

Summarize any special training, skills, licenses/certifications that may be beneficial in the performance of any job related functions.

Are you able to meet the attendance requirements of this position? Yes No

(If No, explain any scheduling conflicts due to outside interests and/or commitments.)

Normal agency hours of operation: Monday - Friday 8:00 AM - 4:30 PM

Closed most government designated holidays.

Education

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

Are you currently attending school? Yes No Level: _____

References

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work related references.

Exclude relatives.

Name /Title	Address	Phone
		()
		()
		()

Skill Experience Inventory

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

All information is subject to verification:

Clerical/Administrative Support

- | | |
|--|--|
| <input type="checkbox"/> Keyboarding _____ wpm | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Shorthand/Speedwriting _____ wpm | <input type="checkbox"/> Cash Handling |
| <input type="checkbox"/> Customer Service (public relations) | <input type="checkbox"/> Report/Letter Writing |
| <input type="checkbox"/> Legal Terminology | <input type="checkbox"/> Event Planning (scheduling & coordination of meetings, workshops, etc). |
| <input type="checkbox"/> Multi-line Phone System | |

Computer Skills

- | | |
|--|---|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Software Installation |
| <input type="checkbox"/> Word Processing _____ | <input type="checkbox"/> Hardware Installation/Repair |
| <input type="checkbox"/> Spreadsheets _____ | <input type="checkbox"/> System Maintenance |
| <input type="checkbox"/> Presentation Software _____ | <input type="checkbox"/> Peripherals (printers, scanners, etc.) |
| <input type="checkbox"/> Internet | |

Case Management

- | | |
|---|--|
| <input type="checkbox"/> Case Plan Development | <input type="checkbox"/> Job Recruitment |
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Interviewing |
| <input type="checkbox"/> Social Service Programming | <input type="checkbox"/> Crisis Intervention |

Administrative

- | | |
|---|---|
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Program/Operations Planning |
| <input type="checkbox"/> Fiscal Management | <input type="checkbox"/> Human Resources Management |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Marketing (media and public relations) |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Regulatory Compliance Oversight |

Licenses, Registrations and Certificates

Be sure to include any valid driver license

License/Certificate issued by	Field/Trade/Specialization	License/Certificate Number	Expires

Certification

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentations or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference and background check. I specifically authorize Columbiana County Department of Job and Family Services to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

I understand that 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 future reference for six months.

Applicant's Signature

Date

Columbiana County Department of Job and Family Services

110 North Nelson Ave.

Lisbon, Ohio 44432

(330) 424-1471 Phone

(330) 420-2107 Fax

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 a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

APPLICANT SURVEY

Please do not omit this page. Agency personnel will separate and process this page separately.

Note: We request the information on this page of the Applicant Survey in order to assist our equal employment opportunity efforts. This information is **voluntary** and will in no way affect the processing of your application or your being considered for employment.

This Applicant Survey should be submitted with the Application for Employment. The agency will process this survey separately and use the information for statistical purposes only.

Date _____
 Name _____
 Street Address _____
 City, State, Zip _____
 If you are applying for a specific position, please indicate:
 Job Title _____
 Position Control Number (PCN) _____
 Agency/Department _____

How did you learn about this position?

- Electronic/computer posting
- Paper vacancy posting
- Newspaper
- One Stop
- Other

SEX	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
DATE OF BIRTH	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Month Day Year	
RACE	
<input type="checkbox"/> White	Persons having origins in any of the original peoples of Europe or the Middle East.
<input type="checkbox"/> Black	Persons having origins in any of the black racial groups of Africa
<input type="checkbox"/> Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Native American or Alaskan Native	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> Asian/Pacific Islanders	Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.
DISABILITY	VETERAN STATUS
Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Desert Storm/ Shield Veteran