



Application for Employment

"Equal Employment Opportunity Employer" Title VII of the Civil Rights Act of 1964, amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

Mail or Drop off Application: Lorain County Job & Family Services, 42485 N. Ridge Rd., Elyria OH 44035-1057

FOR OFFICE USE ONLY			
Date of Interview: _____			
Interviewers: _____			
<input type="checkbox"/> Hired – Start Date: _____			
<input type="checkbox"/> Not Hired, Notified: _____			
<input type="checkbox"/> Access – Date Entered: _____			

Please Print

Last Name (Full Legal)	First Name (Full Legal)	M.I.
Address	Apt. No.	Date of Application
City, State, Zip	Phone Work () Home ()	
Position Desired	Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Do you have a legal right to employment in the United State of America? Yes ☐ No ☐

How did you learn of a job possibility here? _____

Do any of your relatives work for this agency? Yes ☐ No ☐ If yes, name of relative: _____

Do you have any physical or mental impairment that would prevent you from performing the essential functions of this position? Yes ☐ No ☐

Have you been discharged or asked to resign from any job within the last five years? Yes ☐ No ☐

If yes, please explain: _____

Are you currently employed? Yes ☐ No ☐

Could you keep your present position indefinitely? Yes ☐ No ☐

Would it jeopardize your position if we contact your current employer? Yes ☐ No ☐

If hired by us, how soon could you start? _____

EMPLOYMENT HISTORY

Firm	Dates of Employment (Start Date to End Date – mm/dd/yyyy) to
Address	Phone ()
City, State, Zip	Immediate Supervisor
Salary	Reason for Leaving
Duties Performed _____	

Firm	Dates of Employment (Start Date to End Date – mm/dd/yyyy) to
Address	Phone ()
City, State, Zip	Immediate Supervisor
Salary	Reason for Leaving
Duties Performed _____	

REFERENCES:

In the area below, please list the names and addresses of three individuals other than relatives, whom we may contact for a **professional recommendation**.

Name	Relationship	Phone ()
Address		City, State, Zip

Name	Relationship	Phone ()
Address		City, State, Zip

Name	Relationship	Phone ()
Address		City, State, Zip

Do you expect a negative reference from someone, i.e., a former or current employer? ☐ Yes ☐ No

If yes, please explain: _____

EDUCATION:Did you graduate from high school? ☐ Yes ☐ No

Name of High School last attended: _____

College or University Name	Dates Attended (Start Date to End Date – mm/dd/yyyy) to
Address	Graduation Date
City, State, Zip	Major
Credit Hours Earned	Degree or Certificate

College or University Name	Dates Attended (Start Date to End Date – mm/dd/yyyy) to
Address	Graduation Date
City, State, Zip	Major
Credit Hours Earned	Degree or Certificate

College or University Name	Dates Attended (Start Date to End Date – mm/dd/yyyy) to
Address	Graduation Date
City, State, Zip	Major
Credit Hours Earned	Degree or Certificate

What type of work interests you most?

Note: You may use the reverse side of this form for remarks or comments which might be necessary to explain any answers, or to provide additional information.

I state that the preceding information is true to the best of my knowledge.

Applicant Signature	Date
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RELEASE OF INFORMATION

I, _____ do hereby authorize any person, organization, law enforcement agency, governmental agency, military agency, or past employer to release to the Lorain County Department of Job & Family Services Personnel Department, upon their request, a copy of any report, document, record, criminal record, medical history, or other information regarding my character, integrity and reputation. Further, I do hereby agree that a photocopy hereof may be used with the same effect as though it were the original.

Signature		Date	Social Security Number
Address	Apt. No.	Date of Birth (**Optional)	
City, State, Zip		Phone	
		Home ()	Work ()

**Date of birth is optional; however, if lack of a date of birth prevents Lorain County from obtaining a creditable background check, your opportunity for employment could be affected.

As a condition of employment, some positions will be required to drive as a function of his/her job duties. Employees required to drive must have a safe driving record as well as provide proof of a valid Ohio Driver's License at the time of your interview. Final employment selections will be based on a review of the applicant's motor vehicle record (MVR) to determine if an individual has an unsatisfactory driving record, and is contingent upon review and recommendation of the County's insurance carrier CORSA (insurer).

Do you have a valid Ohio Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number
Do you have a satisfactory driving record (Less than 4 points)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Insurance Carrier	

SUPPLEMENTAL DATA (OPTIONAL)

This portion of your application will be detached and maintained separately. It will be used only when the information is relevant to your application. If employed, this information will not become part of your permanent employment record.

Last Name:	First Name	M.I.	Social Security Number
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The following applicant information is requested for the purpose of preparing periodic reports to the government or other record keeping in connection with government requirements. We encourage you to complete this section, but your employment prospects will not be adversely affected should you choose not to provide this information. This portion of the employment application will not become part of your applicant or employment file.

Last Name:	First Name	M.I.	Social Security Number
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- | | |
|---|--|
| A. <input type="checkbox"/> Non-Veteran | D. <input type="checkbox"/> Veteran not of the Vietnam era - not disabled |
| B. <input type="checkbox"/> Veteran of the Vietnam era- not disabled b/ | E. <input type="checkbox"/> Veteran not of the Vietnam era - disabled a/ |
| C. <input type="checkbox"/> Veteran of the Vietnam era - disabled a/ b/ | F. <input type="checkbox"/> Individual does not wish to identify veteran/disabled veteran status |

Handicap Status (Refer to Definition Below - Check One)

- A. ☐ Handicapped individual c/ B. ☐ Not handicapped C. ☐ Individual does not wish to identify handicap status

Sex/Race-Ethnic (Refer to Definition Below - Check One)

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> White d/Male | 5. <input type="checkbox"/> Asian or Pacific Islander f/Male | 9. <input type="checkbox"/> American Indian or Alaskan Native h/Male |
| 2. <input type="checkbox"/> White d/Female | 6. <input type="checkbox"/> Asian or Pacific Islander f/Female | 10. <input type="checkbox"/> American Indian or Alaskan Native h/Female |
| 3. <input type="checkbox"/> Black e/Male | 7. <input type="checkbox"/> Hispanic g/Male | 11. <input type="checkbox"/> Multiple Races, please list all |
| 4. <input type="checkbox"/> Black e/Female | 8. <input type="checkbox"/> Hispanic g/Female | |

DEFINITIONS

- a/ **Disabled Veteran:** (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the U.S. Veterans Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap or (B) a person who was discharged or released from active U.S. Military duty because of a service-connected disability.
- b/ **Vietnam Era Veteran:** A veteran, any part of whose active U.S. military, naval or air service was during the period August 5, 1964 through May 7, 1975, who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.
- c/ **Handicapped:** A person who has a physical or mental impairment OTHER THAN A TEMPORARY IMPAIRMENT, which substantially limits one or more of his/her major life activities to as to likely cause difficulty with respect to employment opportunities, is regarded as having such an impairment or has a record of such impairment.
- d/ **White:** A person having origin in any of the original peoples of Europe, North Africa, or the Middle East, not specifically included in another group.
- e/ **Black:** A person having origin in any of the black racial groups.
- f/ **Asian or Pacific Islander:** A person having origin in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Sub-continent. This area includes for example: China, Japan, Korea, India, the Philippine Islands, or Samoa, Pakistan, Nepal, Sikkim, Bhutan, and Sri Lanka
- g/ **Hispanic:** A person of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race.
- h/ **American Indian or Alaskan Native:** A person having origin in any of the original people of North America

PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING AUTHORIZATION FORM

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- I understand that all applicants of this company must be tested for controlled substances as a pre-condition for employment.
 - I authorize the test provider to the drugs-of-abuse urine collection and its testing.
 - I understand that a minimum detectable level (zero tolerance) for controlled substance(s) will disqualify me for a position with this Employer.
 - The review officer will maintain the results of my controlled substance test results and will be forwarded to the Employer. The results will not be released to any other parties without my written authorization.
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I understand the above conditions and hereby agree to comply with them.

Applicant's Name (Please Print)

Date

Applicant's Signature

LORAIN COUNTY DRUG-FREE WORKPLACE POLICY**CONSENT & RELEASE FORM
FOR EMPLOYEES AND APPLICANTS**

I, _____, (Employee or Applicant Name), as an Employee/Applicant of Lorain County (hereafter, the Employer), hereby acknowledge that the Employer's policy requires me to submit to blood, urine and or breath alcohol testing as a condition of employment.

I further understand that the purpose of this analysis is to determine or rule out the presence of illegal, non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a blood, urine and or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Employer, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the result of the analysis.

I agree to cooperate in all aspects of the testing program. I consent to the blood, urine and or breath alcohol testing for assays approved by the NIDA (National Institute for Drug Awareness).

I understand that a positive test result for controlled substances will disqualify me for a position with this Employer.

Since substance abuse is a diagnosable and treatable illness, test results shall be treated with the same confidentiality as any other medical or health-related condition.

I hereby authorize the release of my drug and/or alcohol test results to the testing facility's Medical Review Officer (MRO), and or to the Employer's examining physician, as provided by the Employer's Policy. If the results are positive, the controlled substance will be identified. The results will be reported to the Employer as outlined in the Lorain County Drug Free Workplace Policy. I also understand that the results will become part of my personnel file and therefore subject to the Ohio Public Records Laws.

I further acknowledge that the Employer has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Signature	Date	Social Security Number
Applicant Printed Name	Date of Birth	
Witness Signature	Witness Printed Name	