

TRUMBULL COUNTY CHILDREN SERVICES BOARD

Reeves Road NE
Warren, OH 44483-4354

AN EQUAL OPPORTUNITY EMPLOYER

It is the Policy of this Agency to recruit, select and hire individuals without regard to race, color, religion, sex, national origin, age, ancestry, marital or veteran status, or disability.

APPLICATION FOR EMPLOYMENT

(Please Print)

Position applied for: _____ Date of Application: ____ / ____ / ____ How soon could you be available for this position: _____

Name: _____

Address: _____
Last
First
Middle
(Maiden Name)

Street City State Zip Code

Phone Number: () _____ Alternate Number: () _____

Are you legally eligible for employment in the United States? Yes No

Are you at least 18 years of age? Yes No

Have you ever been employed by this Agency? Yes No If yes, when? _____

Positions held at this Agency _____

Other names under which you may have been known by this Agency? _____

EDUCATION

Type of School	Name of School and Location	Main Area of Study	Degree Received
High School			
College or University			
Graduate School			
Other Schools or Training			

Scholastic Honors / Certifications / Licenses: _____

Professional Honors / Recognition: _____

Special Job Related Skills and Qualifications

What machines can you operate: _____

Indicate which software packages/hardware systems you can use: _____

If applying for a position requiring typing, indicate typing speed: _____ **wpm.**

The following driver/automobile information will be used only if it is directly related to the classification/position for which you are applying.

Do you have a valid driver's license? Yes No

State _____ Year of Expiration _____ License Number _____

Do you have a car you could use in your work? Yes No

Do you currently have automobile liability insurance? Yes No

REFERENCES

(List at least three (3), one of which should be a Supervisor or Manager. Do not list relatives)

Name	Relationship	Address	City, State, Zip Code	Telephone Number
				()
				()
				()
				()

TRUMBULL COUNTY CHILDREN SERVICES BOARD

Reference Liability Release

Name: _____

Address: _____

Social Security Number: _____

In connection with my application for employment with the Trumbull County Children Services Board and by affixing my signature hereto, I am authorizing the release of any and all information, including driver abstracts, to be made available to the Trumbull County Children Services Board, concerning my work habits, employment record, and personal conduct and character including any confidential or privileged information which may be available.

Additionally, I release from all liability and claims of damages any agency, firm, organization, or individual providing such information to the Trumbull County Children Services Board. Further, it is understood that all the personal information compiled as a result of this release shall be used for the exclusive purpose of evaluating my candidacy for employment with the Trumbull County Children Services Board. A copy of this form is valid as an original.

Signed: _____

Date: _____

Ohio Administrative Code, Chapter 5101:2-5-09, requires that “persons employed in positions responsible for the daily direct care or supervision of children shall be at least twenty-one years of age.”

As the position you are applying for requires the direct care or supervision of children, are you at least twenty-one years of age?

(Please Check One)

_____ Yes _____ No

Signature of Applicant

Date

Revised 3/16

Dear Applicant:

The completion of information below is *voluntary*. This Agency considers applicants for all positions without regard to race, color, religion, sex, national origin, disability, age, ancestry, marital or veteran status.

The Ohio Civil Rights Commission has developed **Rule 4112-5-04** (Record Keeping). This allows the employer the right to gather records of the race, religion, sex, or national origin of applicants for employment.

Please submit this completed slip with your Application form. The information will be used solely for EEO purposes in compliance with State and Federal Laws and Guidelines.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

Date: ___/___/___

Position you are applying for (check one):

Administrator/Supervision ___ Clerical ___ Maintenance ___ Caseaide ___
Caseworker ___ Youth Leader ___ Other ___ (explain) _____

Social Security Number ___ - ___ - ___ Name _____

How did you hear about our Agency and the particular position you are applying for? _____

Please check: ___ Male ___ Female

- A. ___ White Persons having origin in any of the original people of Europe, North Africa, or Middle East.
- B. ___ Black Persons having origin in any of the Black racial groups.
- C. ___ Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.
- D. ___ American Indian
 ___ 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.
- E. ___ Asian/Pacific
 ___ Islanders Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.
- F. ___ Handicap Individual with a physical condition that limits his or her ability to attain employment.
- G. ___ Viet Nam Veteran

Note: The employer will keep this form separate from the employee's application.