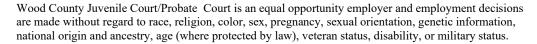
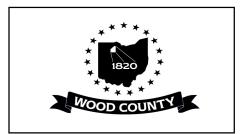
## APPLICATION FOR EMPLOYMENT

Even if you are submitting supplemental information with your application, all information on this Wood County Juvenile Court and Probate Court Application for Employment must be complete.





Wood County Juvenile Court /Probate Court performs criminal background checks on prospective employees. The Ohio Revised Code prohibits Wood County from hiring individuals with certain criminal records (i.e. R.C. 2921.41, R.C. 3721.121).

## **Personal Information**

Name					
as Printed on Social Security Card	Last	First	Middle		Alias
Mailing Address					
	Street Address	PO Box	City	State	Zip Code
Phone Number					
	Primary	,	Alternate		
Email Address			Se	ocial Security Number	
Do you have the legal right to live and work in the U.S.? Yes No Are you 18 years of age or older? Yes No Proof of citizenship or immigration status will be required upon employment.					
Emergency Contact Information					
		Name		Phone	
<b>Employment Desired</b>		Part Time	Full Time	Shift Preference	$\square$ 1 <sup>st</sup> $\square$ 2 <sup>nd</sup> $\square$ 3 <sup>rd</sup>
Position(s)				Salary Desired	
				Date you can start	
Do you have prior public service working for the State of Ohio or a political subdivision of the State?  Yes No If yes, be sure to include in Employment History section.					
Have you ever app	lied to Wood County before	e?  Yes No	When? Whi	ich office or department	?
Have you previous	ly worked for Wood Count	y? 🗌 Yes 🔲 No	When? Whi	ich office or department	?
List any immediate family members employed Name		l by Wood County: Department		Relationship	
Can you travel if the	ne job requires it?				☐ Yes ☐ No

If you become employed by Wood County, Wood County Juvenile Court / Probate Court, your earnings will not be covered under Social Security, as Wood County participates in the Ohio Public Employees Retirement System. When you retire, or if you become disabled, you may receive a pension based on earnings from your employment with Wood County. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected.

Education Upon employment, the successful applicant ma	ay be required to provide proof of grad	luation or G.E.D.				
	cation of School (City/State)		Highest Level Completed	Did you graduate?	Field o	of Study
High School or		9 10 11 12				
GED Courses						
College or			1 2 3 4 5 5+			
Trade School						
Graduate or			1 2 3 4 5 5+			
Business School						
List special equipment or machines y	ou can operate:					
List computer software in which you the specific software:	have skills, including word pro	ocessing, spreadsheets	and database prog	grams. Please i	indicate the	e name of
List special clerical skills, including k	keyboarding and shorthand/spec	edwriting:				
Are you a veteran?	Yes No	If yes, what brand	If yes, what branch of service?			
List Rank		Length of Service	Length of Service			
Licenses, Registrations, and Outpon employment, the successful applicant mu			ition.	Expiration Da	<b>A</b>	
	License No.					
Other License/Certification (LISW, ST)	License/Certifica	License/Certification Number Expiration Date				
Personal References						
Persons who have known you for at le	east one year. Do not include	former employers or	relatives.			
Name and Occupation	Address			Telephone		Years Known

<b>Employment History</b>					
Are you currently employed?	☐ Yes Full-time	☐ Yes Part-time	□ No		
Beginning with your most recent, list history). All sections must be comple					
Business	Hire Date	☐ Full-Time ☐ Part-T	Time □ Temporary		
Address	Ending Date	Ending Date Reason for Leaving			
	Position(s) Held	Position(s) Held			
Type of Business	If yes, how many employees	Was this a supervisory position? ☐ Yes ☐ No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties	Describe Job Duties			
Last Supervisor's Name					
Ending Salary					
Business	Hire Date	☐ Full-Time ☐ Part-T	Time □ Temporary		
Address	Ending Date	Reason for Leaving			
	Position(s) Held				
Type of Business		Was this a supervisory position?  Yes No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties	Describe Job Duties			
Last Supervisor's Name					
Ending Salary					
Business	Hire Date	□ Full-Time □ Part-T	Time   Temporary		
Address	Ending Date	Reason for Leaving			
	Position(s) Held	Position(s) Held			
Type of Business		Was this a supervisory position?  Yes No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties				
Last Supervisor's Name					
Ending Salary					
Business	Hire Date	□ Full-Time □ Part-T	Time □ Temporary		
Address	Ending Date	Reason for Leaving			
	Position(s) Held	Position(s) Held			
Type of Business	If yes, how many employees	Was this a supervisory position?  Yes No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties				
Last Supervisor's Name					

Ending Salary

Summ	nary of Qualifications
	rea below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are g. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.
Release	e and Authorization
	AREFULLY BEFORE SIGNING each statement in the line provided. All lines must be <u>initialed</u> for application to be considered.
	I certify that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation. I understand that false statements or misleading information given in my application or interview(s) may result in discharge from employment regardless of when such information is discovered.
	I authorize Wood County, Ohio/Wood County Juvenile Court/Probate Court to obtain copies of my work record and educational history from my former employers and/or educational institutions.
	I authorize Wood County Juvenile Court / Probate Court to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions as it relates to the position for which I am applying.
	I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to Wood County Juvenile Court / Probate Court.
	I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and other applicable laws. I further understand that my social security number must be provided upon employment.
	I understand that a post-employment physical examination or drug screening may be required for certain positions.
	In the event that I am hired, I authorize Wood County Juvenile Court /Probate Court to update and supplement this information during my employment with the County.
	I understand the Wood County Juvenile Court /Probate Court may decline to interview or hire a candidate who does not present the professional appearance, demeanor and attitude expected of a representative of the Court
	In addition to the Wood County Employee Handbook, I understand I must comply with the specific policies adopted by the Wood County Juvenile/Probate Court/Wood County Juvenile Detention Center.
	I understand that if I am hired, I will be an employee at will with the Wood County Juvenile Court/Probate Court and may be discharged from my position for any reason or no reason, as allowed by law.
	In consideration of the County's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with Wood County, its officials, boards, and agencies must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitation set forth herein, and I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce
	this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.
	I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.

## Wood County Juvenile Court/Probate Court Employment Application

			Applicant's Signature	Date
Sworn to	before me and signed	in my presence		
this	day of	, 20	Notary's Signature	
	(seal)		(typed or printed name)	Notary Public, State of Ohio
			My commission expires	

Applications submitted without a notary will still be considered for employment; however, application must be notarized prior to interview/offer of employment.