



# APPLICATION FOR EMPLOYMENT

## RICHLAND COUNTY CHILDREN SERVICES

Date of Application \_\_\_\_\_

Thank you for your interest in applying for a job with Richland County Children Services. Our mission at Richland County Children Services is to lead our community in assuring the safety, well-being, and permanency of children at risk of abuse and neglect. Richland County Children Services is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap or disability, or any other legally-protected classification.

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### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial Alias

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

Email Address: \_\_\_\_\_

If you are under 18 years of age, do you have a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

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### YOUR JOB INTERESTS

Position Desired: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

Consistent attendance and punctuality are essential requirements of every job with RCCS. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with RCCS? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain. \_\_\_\_\_

Can you perform the essential functions of the position (as contained within the corresponding job description) for which you are applying? (If you have any question as to what functions are applicable to the position for which you are applying, please ask an RCCS human resources representative before you answer this question.) Yes \_\_\_\_\_ No \_\_\_\_\_ If No, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? \_\_\_\_\_

What starting salary or wage do you expect: \$ \_\_\_\_\_/hr \$ \_\_\_\_\_/wk \$ \_\_\_\_\_/month

Are you available for: Full-time work? \_\_\_\_\_ Part-time work: \_\_\_\_\_ Are you willing to work any shift: Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any days and/or times of the week when you would not be available to work? Please specify: \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Do you know anyone who works here? Who? \_\_\_\_\_ No \_\_\_\_\_

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### YOUR EDUCATION AND TRAINING

High School Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Trade/Tech Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

List computer software skills: \_\_\_\_\_

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**YOUR WORK EXPERIENCE**

Beginning with your present or more recent employer, describe all of your employment experiences below:

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on layoff and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to where? \_\_\_\_\_

**1. Present or Last Employer:** \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_ Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

May we contact your present employer at this time: Yes \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

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**2. Next Previous Employer:** \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_ Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

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**3. Next Previous Employer:** \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_ Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

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**4. Next Previous Employer:** \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_ Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

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**Please use additional sheets, as necessary, for additional employment information.**

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**PERSONAL INFORMATION**

If you are hired, can you submit verification of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since RCCS will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

I understand that under Ohio law, a public employer may not ask certain questions about a candidate's criminal history on an application form. However, I understand that I will be asked questions about my criminal history as part of the interview and/or hiring process. I also understand and agree that any job offer will be contingent on a full criminal history check. I also understand that certain criminal convictions may preclude me from being considered for certain child protective services positions.

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**YOUR MILITARY EXPERIENCE**

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

Have you ever been in the United States Armed Services? What branch? \_\_\_\_\_ No \_\_\_\_\_

Describe any skills you acquired in the Service which would be useful to the job for which you are applying: \_\_\_\_\_

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**YOUR REFERENCES**

List the names of any professional or personal character references who have known you for at least three years. Please do not list relatives or employers.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE INITIALING / SIGNING.**

*By initialing/typing my initials and signing/providing a digital signature, I certify that I have read, understand, and agree to each of the following statements. In addition, my signature/digital signature certifies that the information provided in this application is true and accurate.*

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to RCCS, would affect my application unfavorably. If I am hired by RCCS, and if RCCS discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

\_\_\_\_\_  
(Initial Here)

This employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with RCCS after this period of time I must fill out another application. If hired, I understand that this application becomes part of my official employment record. In consideration of my employment with RCCS, I agree to abide by all RCCS rules and regulations.

\_\_\_\_\_  
(Initial Here)

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I agree to release to RCCS or its designated agents, all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with RCCS's operational needs and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

\_\_\_\_\_  
(Initial Here)

In the event of my personal indebtedness to RCCS, I authorize RCCS to withhold from my wages such amounts as permitted by law to satisfy my obligation to RCCS.

\_\_\_\_\_  
(Initial Here)

I give RCCS my permission to conduct any investigation regarding the information contained in my employment application, which RCCS deems necessary to determine my qualifications for assuming a job with RCCS. I give RCCS my permission to contact any former employer, school, college or university, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, education, or employment record, and I give my consent to any such source to release to RCCS whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me. If I am extended an offer of employment, I understand that RCCS will request and receive a copy of my criminal records background check and driving records. I understand that any offer of employment is conditional upon the receipt of satisfactory verification of said checks.

\_\_\_\_\_  
(Initial Here)

I understand that under Ohio law, Richland County Children Services is required to conduct, prior to employment, a review of any reports of child abuse or neglect made against me, to review the final disposition of any such reports, and to review any other case information necessary to make an informed assessment of my suitability for the position for which I am applying. By submitting this application, I authorize Richland County Children Services to conduct any such review required by law.

\_\_\_\_\_  
(Initial Here)

This application must be completed in full, even if you are attaching a resume. Incomplete applications will not be considered. Richland County Children Services is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap or disability, or any other legally-protected classification.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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## EQUAL EMPLOYMENT OPPORTUNITY - VOLUNTARY

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The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, age, national origin, qualifying disability, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the Richland County Children Services Board to record and report the information below. Please help us comply by providing the answers to the following questions.

The Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: \_\_\_\_\_

RACE/ETHNIC GROUP:  American Indian/Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Hispanic or Latino  
 Black or African  
 American White  
 Asian  
 Two or More Races

SEX:  Female  
 Male

VIETNAM ERA VETERAN:  Yes  
 No

DISABLED VETERAN:  Yes  
 No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

Yes  
 No

REFERRED BY:  Job Posting  
 Newspaper  
 Friend  
 Other (please specify): \_\_\_\_\_

Thank you for completing the form.

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.

**APPLICANT SCHEDULE C**

Department Submitting Schedule C: Richland County Children Services

Full Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Ohio Driver License Number: \_\_\_\_\_

(The above information is required by the State of Ohio to run a Motor Vehicle Registration Report)

I understand that, as a condition of driving a county-owned/leased vehicle or my personal vehicle on County business, I must have a current and valid Ohio Driver License and an acceptable driving record, which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3)-year period.

**QUESTIONNAIRE:**

During the previous thirty-six month (3-year) period, have you been involved in any of the following:

1. Had automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

\_\_\_\_\_

2. Been involved in any accidents, either at-fault or not-at-fault?

\_\_\_\_\_

3. Been cited for any traffic-related incidents?

\_\_\_\_\_

4. Had any traffic violations other than overtime parking?

\_\_\_\_\_

Please provide all details including date and location for any question answered "yes".

I understand that, by giving incorrect information or by omitting information, I am falsifying my application; and, therefore, subject to dismissal if hired. I further agree that the County, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four (24) hours or the next working day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)