



*Turning lives around one child at a time.*

**APPLICATION FOR EMPLOYMENT**

**PERSONAL**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of job for which you are applying \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Are you available for employment \_\_\_\_\_ full time \_\_\_\_\_ part time?

If less than full time, how many hours are you available per week? \_\_\_\_\_

Are there any restrictions on the hours you can work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are they? \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you under 21 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_  
Month day year

If hired, do you have reliable means of transportation to get to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received compensation for injuries? Yes \_\_\_\_\_ No \_\_\_\_\_ (explain)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted or plead guilty to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full: \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name & Address	How Many Years Attended	Graduated	Course or Major
Grammar or Grade			Yes      No	
Junior High			Yes      No	
High School			Yes      No	
College			Yes      No	
Post Graduate			Yes      No	
Business or Trade			Yes      No	
Other Educational Courses (seminars, workshops, etc.)			Yes      No	

Are there any other experiences, skills, or qualifications that you feel would especially fit you for work with our organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE RECORD

Have you ever served in the armed forces, any reserve unit, or the National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_  
Month                  Day                  Year                  Month                  Day                  Year

What were your duties in the service (include special training and duty station). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

(Excluding former employers or relatives)

1. \_\_\_\_\_  
Name and Occupation                  Address                  Phone Number
2. \_\_\_\_\_  
Name and Occupation                  Address                  Phone Number
3. \_\_\_\_\_  
Name and Occupation                  Address                  Phone Number

PRIOR WORK HISTORY List in order the most recent or present employer first. Account for periods of unemployment. For each employer describe each job you held separately, using a separate block for each position held.

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

\_\_\_\_\_  
Name & Address of Employer:

\_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary Per Year: Start \_\_\_\_\_ Ending \_\_\_\_\_

Dates employed in that Position: From \_\_\_\_\_ To \_\_\_\_\_

Explain Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name, Title, Phone No. of Supervisor \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name & Address of Employer:

\_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary Per Year: Start \_\_\_\_\_ Ending \_\_\_\_\_

Dates employed in that Position: From \_\_\_\_\_ To \_\_\_\_\_

Explain Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name, Title, Phone No. of Supervisor \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name & Address of Employer:

\_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary Per Year: Start \_\_\_\_\_ Ending \_\_\_\_\_

Dates employed in that Position: From \_\_\_\_\_ To \_\_\_\_\_

Explain Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name, Title, Phone No. of Supervisor \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: IF YOU HAVE HAD ADDITIONAL EMPLOYMENT, A SUPPLEMENTAL FORM CAN BE PROVIDED.**

I hereby grant permission to the Summit County Juvenile Court to process references checks with the above referenced employers, and save harmless both the County of Summit Juvenile Court, its agents and any of my employers if said information is instrumental in my not being hired for a position with the County of Summit Juvenile Court.

\_\_\_\_\_  
Signature of Applicant

**SUMMIT COUNTY COURT OF COMMON PLEAS  
JUVENILE DIVISION  
EMPLOYMENT APPLICATION FORM  
SUPPLEMENTARY INFORMATION**

All Applicants Complete

1. Maiden name or other names previously used \_\_\_\_\_  
\_\_\_\_\_

2. If you have submitted prior applications, indicate dates: \_\_\_\_\_  
\_\_\_\_\_

If applying for a role requiring field contacts, do you own a personal vehicle for use on the job? Yes \_\_\_\_\_ No \_\_\_\_\_

List all arrests with charges and approximate dates where convictions occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS SECTION FOR GROUP COUNSELOR APPLICANTS:

1. Height \_\_\_\_\_ Weight \_\_\_\_\_  
Ft. In. Lbs.

2. Preferred work hours: \_\_\_\_\_  
Mornings Evenings Nights  
\_\_\_\_\_  
Weekdays Weekends Anytime  
\_\_\_\_\_

Letters, resumes, transcripts, etc. may be attached.

NOTE: ANY FALSIFICATION BY AN APPLICANT FOR A COURT CENTER POSITION DURING ANY PART OF THE SCREENING PROCESS MAY LEAD TO DISMISSAL.

Occasionally the form of an application blank makes it difficult for individuals to adequately summarize their complete background. To assist us in finding the proper position for you in the County of Summit Juvenile Court, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your Opportunity for employment with the County of Summit Juvenile Court will be based on your merit and on no other consideration.

PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on the application shall be considered sufficient cause for dismissal, and I hereby grant the County of Summit Court of Common Pleas, Juvenile Division, the right to check with the appropriate resources to verify information I have given in this application.

Signature of Applicant \_\_\_\_\_

The Civil Rights Act of 1964, as amended, and other appropriate regulations, prohibit discrimination in employment because of race, color, religion, national origin, age, sex, handicap, and veteran's status. The Court is committed to equal employment opportunity; therefore, no employee or qualified applicant for employment shall be discriminated against because of race, color, sex sexual orientation, religion, national origin, handicap or disability, age, or veteran's status.

"AN EQUAL OPPORTUNITY EMPLOYER"

**Applicant Data Survey**  
**Court of Common Pleas, Juvenile Division**  
**Linda Tucci Teodosio, Judge**  
**AFFIRMATIVE ACTION INFORMATION**

The completion of the information below is voluntary

This information is used to insure Equal Opportunity under our Affirmative Action Program. Under State and Federal Law it may not be used to discriminate against you. Sex and race are necessary for statistical reporting purposes.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Date Records are kept in a Confidential File and are not a part of your Application for Employment of personnel file. *Please not that your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.*

Applicant's Name

Last:\_\_\_\_\_ First:\_\_\_\_\_ Middle:\_\_\_\_\_ Date:\_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:

Newspaper

\_\_\_\_\_  
Name of Newspaper

Posting

University

\_\_\_\_\_  
Name of University

Walk-in

Community Agency

\_\_\_\_\_  
Name of Agency

Federally Funded Training Program

Governmental Agency

\_\_\_\_\_  
Name of Agency

Adult Vocational School

Present/Former Employee

\_\_\_\_\_  
Name

Other

Applicants who are disabled, disabled veterans or Vietnam-era veterans, and those who want to be covered under our Affirmative Action Program can voluntarily identify themselves. The information will be kept confidential except that supervisors and managers may be informed regarding work restrictions, accommodations, or where emergency medical treatment may be needed.

Please check applicable group identities:

Male

Female

Over 40 years old

Disabled

White (non-Hispanic)

Hispanic

American Indian

Vietnam Era Veteran

Black (non-Hispanic)

Asian or Pacific Islander

Alaskan Native

Restrictions and any needed adaptations: \_\_\_\_\_

Note: Refusal to give the above information will not subject any person to any kind of adverse treatment.

**OFFICIAL USE ONLY**

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department Head: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Hire Date: \_\_\_\_\_

EEO-4 Category: \_\_\_\_\_



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**AUTHORIZATION FOR BACKGROUND INVESTIGATION  
AND RELEASE OF INFORMATION**

I hereby authorize the Summit County Juvenile Court to complete a background investigation on me for the purpose of employment with the court. This information is used for employment purposes only.

I authorize my physician or other person who has attended or examined me or who may hereafter attend or examine me, schools, colleges or universities which I attended, past employers, personal references and any other person, agency, company, or establishment to release any knowledge or information they may have regarding my physical or mental health, employment, education, training, experience or character regarding my application for employment with the Summit County Juvenile Court, and I release them, individually and officially, for any and all liability in divulging the same.

As part of this background investigation I consent to participation in a drug screening process, in any manner prescribed by Summit County Juvenile Court, and authorize the release of any drug screen results to Summit County Juvenile Court.

I understand that by signing this document, a copy hereof shall be considered as valid as the original for purposes of authorizing a background investigation and/or release of information.

\_\_\_\_\_  
Signature

STATE OF OHIO  
SUMMIT COUNTY

Before me, a Notary Public, in and for said County, personally appeared \_\_\_\_\_, who acknowledged that he/she did sign the foregoing instrument and that the same is his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at Akron, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

Commission expires \_\_\_\_\_





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**WAIVER FOR RELEASE OF INFORMATION**

Position Applying For: \_\_\_\_\_

Forms completed more than (60) days old will not be accepted. Release information will not be provided to third parties.

Full Name: \_\_\_\_\_

Alias/Maiden Name/Other Married Names: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

List all states where you have lived: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State ID#: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

I hereby authorize Summit County Juvenile Court and the following jurisdictions: Stow Municipal Court, Akron Municipal Court, Barberton Municipal Court, Summit County Clerk of Courts and Summit County Sheriff's Office to perform a record check on the information on the above name. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any damage on account of furnishing said information whether or not final disposition is known.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_