

MARION COUNTY JOB & FAMILY SERVICES

EMPLOYMENT APPLICATION

Marion County Job & Family Services does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age or disability. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety.

Personal Information

Name: _____ Date of Application: _____
Last First Middle

Social Security Number: _____

Have you been known to others (school, references, etc.) under a different name? If so, please list:

Present Address: _____
Street Address City/State/Zip

Telephone Number:
Home: _____ Work: _____
Area Code + Number Area Code + Number

Are you of legal age to work in the United States? Yes No

Have you ever been employed by MCJFS before? Yes: _____ No
Dates of Prior Employment

Do you have any relatives who are currently employed by MCJFS? Yes No

If yes, list employee's name and relationship: _____

Have you been convicted of a felony in the past seven years? Yes No

If yes, explain: _____

Referral Sources: Advertisement Friend Relative One Stop/Marion Connections SCOTI
 MCJFS Web Site OMJ Other: _____

Employment Interests

Type of Employment Desired: Full Time Part Time Educational Co-op/Practicum

Position Desired: _____ Minimum Acceptable Wage _____/hr.

Summarize any special training, skills, licenses/certifications that may be beneficial in the performance of any job related functions. _____

Are you able to meet the attendance requirements of this position? Yes No (Explain any scheduling conflicts due to outside interests and/or commitments). _____

Education

Level of Education	School Name/Location	Course of Study or Major	Graduate?	Degree/Diploma/Cert.
High School			___ Yes ___ No	
Vocational/Technical			___ Yes ___ No	
College			___ Yes ___ No	
Graduate School			___ Yes ___ No	

Employment History

Please provide the following information for your last three (3) employers, assignments or volunteer activities beginning with your present or most recent position.

Job Title:	
Employer	Telephone ()
Address	Employed From: To:
Salary Beginning \$ /hr. Salary Ending \$ /hr.	Reason For Leaving:
Immediate Supervisor/Title	Involuntarily Terminated? ___ Yes ___ No
Description of Work Responsibilities:	May we contact? ___ Yes ___ No ___ Later Comments:
Job Title:	
Employer	Telephone ()
Address	Employed From: To:
Salary Beginning \$ /hr. Salary Ending \$ /hr.	Reason For Leaving:
Immediate Supervisor/Title	Involuntarily Terminated? ___ Yes ___ No
Description of Work Responsibilities:	May we contact? ___ Yes ___ No ___ Later Comments:
Job Title:	
Employer	Telephone ()
Address	Employed From: To:
Salary Beginning \$ /hr. Salary Ending \$ /hr.	Reason For Leaving:
Immediate Supervisor/Title	Involuntarily Terminated? ___ Yes ___ No
Description of Work Responsibilities:	May we contact? ___ Yes ___ No ___ Later Comments:

Affiliations

List professional, trade, business or civic organizations and offices/licenses held. (Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)

Office _____

Office _____

References

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work related reference. Exclude relatives.

Name/Title	Address	Phone
		()
		()
		()

Skill Experience Inventory

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply). All information is subject to verification:

Clerical/Administrative Support

Accounting

Multi-line Phone System

Customer Service (public relations)

Legal Terminology

Complaint Resolution

Cash Handling

Report/ Letter Writing

Event Planning (scheduling & coordination of meetings, workshops, etc).

Computer Skills

Windows

Word or Word Perfect _____

Internet

Spreadsheets _____

Presentation Software _____

Software Installation

Hardware Installation/Repair

System Maintenance

Peripherals (printers, scanners, etc.)

Case Management

Case Plan Development

Information and Referral

Counseling

Social Service Programming

Job Recruitment & Placement

Vocational Assessment

Interviewing

Crisis Intervention

Administrative

Supervision

Fiscal Management

Policy Development

Grant Writing

Program/Operations Planning

Human Resources Management

Marketing (media & public relations)

Regulatory Compliance Oversight

Certification

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize Marion County Job & Family Services to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this application will be maintained on file for one year and in active consideration for six months.

Applicant's Signature

Date

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740-387-2175 (fax)
www.mcjfs.com**