

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, age, disability or any other status protected under local, state or federal laws. 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

Other names by which you have been known: _____

Last 4 digits of Social Security Number: _____

Present Address: _____
Street Address City/State/Zip

Primary Telephone Number: _____ Email address: _____
Area Code + Number

Do you have the legal right to work in the United States? _____ Yes _____ No
Proof of identity and work authorization will be required upon employment.

If you have been employed by MCJFS before, dates of employment: _____

Do you have relatives who are employed by MCJFS? _____ Yes _____ No
If yes, list employee's name and relationship: _____

Referral Sources: ___ Advertisement ___ OhioMeansJobs-Marion County ___ Friend ___ Relative
___ Other: _____

Employment Interests

_____ Full Time (40 hrs) _____ Part Time Minimum Acceptable Wage _____/hr.

Position(s) Desired: _____

List specialized training, skills, licenses/certifications, including veteran status, that may be beneficial in the performance of any job related functions:

Explain scheduling conflicts due to outside interests and/or commitments:

Affiliations

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

Professional References

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

Name/Title/Business or Organization	Address	Telephone
		()
		()
		()

Skill Experience Inventory

Indicate your proficiency in the following skill and/or knowledge areas (check all that apply); information is subject to verification.

Clerical/Administrative Support

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Complaint Resolution |
| <input type="checkbox"/> Multi-line Phone System | <input type="checkbox"/> Report/ Letter Writing |
| <input type="checkbox"/> Customer Service (public relations) | <input type="checkbox"/> Event Planning (scheduling & coordination) |
| <input type="checkbox"/> Legal Terminology | <input type="checkbox"/> Cash Handling |

Computer Skills

- | | |
|--|---|
| <input type="checkbox"/> Word | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Software Installation |
| <input type="checkbox"/> Presentation Software | <input type="checkbox"/> Hardware Installation/Repair |
| <input type="checkbox"/> Database/Software _____ | <input type="checkbox"/> System Maintenance |
| | <input type="checkbox"/> Peripheral (printers, scanners, etc) |

Case Management

- | | |
|---|--|
| <input type="checkbox"/> Case Plan Development | <input type="checkbox"/> Job Recruitment & Placement |
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Interviewing |
| <input type="checkbox"/> Social Service Programming | <input type="checkbox"/> Crisis Intervention |

Administrative

- | | |
|---|---|
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Program/Operations Planning |
| <input type="checkbox"/> Fiscal Management | <input type="checkbox"/> Human Resources Management |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Marketing (media & public relations) |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Regulatory Compliance Oversight |

Certification

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I understand this application must be completed in full and submitted with a cover letter and resume in order to be considered an official application for employment.

I authorize investigation of all information and statements contained in this application, and 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 understand the investigation includes contacting personal references, former employers or their representatives for the purpose of obtaining information related to my work history and job performance, as well as additional information including criminal and civil convictions. I release from liability all individuals, including Job and Family Services and representatives for obtaining, furnishing and considering this job relevant information.

I understand an offer of employment is conditional pending County Commissioners' approval and may include a pre-employment drug screen. I further acknowledge this document is a public record, subject to the Ohio Public Records Act.

I understand 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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