



Lorain County Board of Commissioners

ANSWER ALL QUESTIONS ON THIS APPLICATION – DO NOT WRITE “SEE RÉSUMÉ”

EQUAL EMPLOYMENT POLICY

The Lorain County Board of Commissioners provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MAIDEN NAME/ALIAS	MIDDLE INITIAL
HOME ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS	
DO YOU HAVE A WORK PERMIT (IF UNDER 18 YEARS OF AGE)? <input type="checkbox"/> YES OR <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER’S LICENSE? <input type="checkbox"/> YES OR <input type="checkbox"/> NO DRIVER’S LICENSE NUMBER: <small>(INCLUDE STATE OF ISSUANCE IF NOT OHIO.)</small>		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES OR <input type="checkbox"/> NO	HAVE YOU APPLIED FOR ANOTHER POSITION WITH THE COUNTY WITHIN THE LAST YEAR? <input type="checkbox"/> YES OR <input type="checkbox"/> NO IF YES, WHAT POSITION?		
DO ANY OF YOUR RELATIVES WORK FOR THE COUNTY? <input type="checkbox"/> YES OR <input type="checkbox"/> NO IF YES, WHO? LIST NAME(S), DEPARTMENT AND RELATION			

POSITION(S) APPLIED FOR

DEPARTMENT:	POSITION TITLE:
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EDUCATION, CERTIFICATIONS AND LICENSES

NAME OF SCHOOL AND LOCATION	SELECT LAST YEAR COMPLETED	TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY
HIGH SCHOOL	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
U.S. MILITARY			

CERTIFICATIONS/LICENSES

EMPLOYMENT HISTORY

PRESENT/MOST RECENT EMPLOYER	ADDRESS			
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE			REASON FOR DESIRING TO LEAVE	
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT:

EMPLOYER		ADDRESS			
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER	
POSITION TITLE			REASON FOR LEAVING		
DUTIES PERFORMED					
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER		ADDRESS			
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER	
POSITION TITLE			REASON FOR LEAVING		
DUTIES PERFORMED					
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER		ADDRESS			
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER	
POSITION TITLE			REASON FOR LEAVING		
DUTIES PERFORMED					
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES		
Give name and telephone number of three <u>professional</u> references who are not related to you.		
NAME	RELATIONSHIP	PHONE NUMBER

APPLICANT:

ADDITIONAL INFORMATION

List skills, interests, languages spoken or read, licenses, certifications, gaps in employment, etc., you feel is important for the position in which you are applying.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND GOVERNMENT AGENCIES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY BACKGROUND, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE LORAIN COUNTY COMMISSIONERS POLICIES, PROCEDURES, RULES, AND REGULATIONS. I FURTHER UNDERSTAND THAT BY SIGNING BELOW I ACKNOWLEDGE ALL REFERENCES AND PRIOR EMPLOYMENT HISTORY AS LISTED IN THIS APPLICATION IS SUBJECT TO VERIFICATION.

Signature of Applicant

Date

Outside applicants for employment may be required to submit to fingerprinting for a background check. The following types of employee background checks may be performed: prior employment verification; personal and professional references; educational verification; BCI (Ohio Bureau of Criminal Investigation); and motor vehicle. Full drug screen/ breath alcohol testing is also required for employment.

Department Name: _____

Start Date: _____

Release of Information

I, _____ Maiden Name _____, do hereby request any law enforcement agency, governmental agency, bureau of motor vehicles, military agency, or past employer to release to the County of Lorain, Ohio, upon their request a copy of any report, document, record, criminal record, medical history, or other information regarding my character, integrity, and reputation. Further, I do hereby agree that a photocopy hereof may be used with the same effect as though it were the original.

Signature

Driver's License Number

Address

City, State, Zip Code

Date of Birth*

Telephone Number

*Date of Birth is optional, however, if lack of, a date of birth prevents the County of Lorain from obtaining a creditable background check your opportunity for employment could be affected.

Please attach a photocopy of the Driver's License with this form. Thank you, Management.

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**The Lorain County Board of Commissioners
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to these questions are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. We will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

1. **OPTIONAL:** Please indicate your sex: Male Female

2. **OPTIONAL:** Please select your age group:
 Under 18 18-25 26-39 40-54 55-69 70+

3. **OPTIONAL:** Please indicate your Race/Ethnicity:
 WHITE: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
 BLACK or AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.
 HISPANIC or LATINO: A person of Mexican, Chicano, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
 ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 NATIVE HAWAIIAN or PACIFIC ISLANDER: A person having origins in any of the original peoples of the Hawaii, Guam, Samoa or other Pacific Islands.
 AMERICAN INDIAN or ALASKAN NATIVE: A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.
 TWO OR MORE RACES: A person who primarily identifies with two or more of the above race/ethnicity categories

4. **OPTIONAL:** Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? Yes No

5. **OPTIONAL:** Are you a veteran? Yes No

Please indicate if one or more of the following apply.

- MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.
- DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.