

TOM ORLANDO LORAIN COUNTY CLERK OF COURTS APPLICATION FOR EMPLOYMENT
The Lorain County Clerk of Courts is an <u>Equal Opportunity Employer</u> . We consider applicants for employment without regard to race, color, creed, national origin, religious affiliation, gender, sexual orientation, age, disability, veteran status, or any other status protected by law.
PLEASE TYPE OR PRINT ALL RESPONSES. WE WILL ONLY CONSIDER APPLICANTS FOR EMPLOYMENT WITH THIS OFFICE WHO COMPLETE ALL REQUIRED FIELDS ON THIS APPLICATION.
Position may require a criminal background check. Unless required by state law, a record of conviction will not automatically exclude you from consideration for employment.
Any required personal information provided on this form will not be shared.

Application Date:	Position Desired:
How did you learn of us?	
Have you ever been employed by us before? If yes, when?	

Last name:	First name:	Middle initial:
Street Address:		Apt. number:
City:	State:	ZIP code:
Telephone number (include area code): Is this a: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work number?		
E-mail address: Is this a: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other e-mail address?		

Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on layoff status and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO
On what date are you available to begin work?
Work availability (mark all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary
If necessary, are you available to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
If necessary, can you travel if the position requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO
If necessary, are you available to work on evenings and weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY AND WORK EXPERIENCE		
Please start with your present or most recent employment. You may exclude listing employment with any organization which would tend to indicate race, color, creed, national origin, religious affiliation, gender, sexual orientation, age, disability, or other protected status.		
Name of employer:		
Street Address:		Suite number:
City:	State:	ZIP code:
Telephone number (include area code):		
Job title:		Dates employed:
Current salary:	Reason for leaving:	
Please describe your job responsibilities and work performed:		

Name of employer:		
Street Address:		Suite number:
City:	State:	ZIP code:
Telephone number (include area code):		
Job title:		Dates employed:
Ending salary:	Reason for leaving:	
Please describe your job responsibilities and work performed:		

Name of employer:		
Street Address:		Suite number:
City:	State:	ZIP code:
Telephone number (include area code):		

Job title:		Dates employed:	
Ending salary:	Reason for leaving:		
Please describe your job responsibilities and work performed:			

Name of employer:			
Street Address:		Suite number:	
City:	State:	ZIP code:	
Telephone number (include area code):			
Job title:		Dates employed:	
Ending salary:	Reason for leaving:		
Please describe your job responsibilities and work performed:			

Name of employer:			
Street Address:		Suite number:	
City:	State:	ZIP code:	
Telephone number (include area code):			
Job title:		Dates employed:	
Ending salary:	Reason for leaving:		
Please describe your job responsibilities and work performed:			

Name of employer:		
Street Address:		Suite number:
City:	State:	ZIP code:
Telephone number (include area code):		
Job title:		Dates employed:
Ending salary:	Reason for leaving:	
Please describe your job responsibilities and work performed:		

If you need additional space to list employment, please attach a separate sheet of paper.

EDUCATION AND TRAINING		
High School Name	City & State	Years Completed (please circle highest grade) 9 10 11 12
College/University Name	City & State	Years Completed 1 2 3 4 5 Degree Awarded
Name of Graduate School	City & State	Years Completed 1 2 3 4 5 Degree Awarded
Other (Name of School)	City & State	Course of Study (please describe)
Other (Name of School)	City & State	Course of Study (please describe)

PLEASE NOTE: Educational attainment is considered in the hiring process only to the extent that specific achievement is a requirement for performing the job.

Other than English, please list any foreign language in which you are fluent and indicate type of fluency:

Language: speaking reading/writing

Language: speaking reading/writing

In what computer applications do you feel you have proficiency?

Microsoft Word Microsoft Excel Microsoft PowerPoint Other (list):

Please describe any advanced training, continuing education, apprenticeship, skills, or activities you

MY TYPING SPEED IS: Words Per Minute (Candidates may be asked to take a typing test.)

PLEASE NOTE: Do NOT answer the following question unless you have been informed about the requirements of the position for which you are applying.

Are you able to perform in a reasonable manner the activities involved in the job for which you have applied? YES NO

Do you have reliable transportation? YES NO Any position requiring an employee to operate a motor vehicle as an essential function of the position will be required to undergo pre-employment drug testing and show a valid OH driver license and proof of insurance as a condition of employment.

REFERENCES			
Name & Address	Years Known	Relationship	Telephone Number
1)			
2)			
3)			

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT

Please read this section carefully before signing.

I understand and agree that this application does not constitute an offer of employment. I further understand that if I receive an offer of employment with the office of the Lorain County Clerk of Courts, such employment and compensation are entirely "at will," and that my employment and compensation may be modified or terminated, with or without cause, and with or without prior notice, at the Clerk's option.

I also understand that this application for employment, if I am employed, will become part of my personnel file, parts of which may be available for public access subject to redactions.

If I am not hired by this office, I understand that my application will be kept on file for a period of two (2) years from the date of application pursuant to the Clerk's Records Retention Schedule.

I understand and acknowledge that should I receive an offer of employment, such offer is conditional upon the completion of investigation of any and all of my background and qualifications as the Clerk's office deems appropriate. I further understand I may be asked to undergo chemical, drug, or alcohol testing requested by the Clerk as a condition to employment. I further understand that pre-employment drug testing is required for any position in the office of the Lorain County Clerk of Courts requiring me to operate a motor vehicle as an essential function of the job, and that pre-employment drug testing may be required if I have been convicted of a drug- or alcohol-related offense within the last seven (7) years. I also understand that as a condition of employment I may be asked to divulge any unsealed felony or misdemeanor criminal convictions that are not traffic-related or juvenile offenses within the last seven (7) years. I understand that a conviction will not necessarily bar me from employment, and that factors such as the date, nature of offense, number of offenses, age at the time of offense, and rehabilitation will be considered.

I acknowledge that the information contained in this application is true and complete to the best of my knowledge and that if I am employed, any statements I have falsified on this application may be grounds for rejection of the application or termination from employment whenever discovered.

By my signature below, I represent that I have voluntarily signed this Authorization and Acknowledgment.

Signature of Applicant:

Date: