Submit by E-mail (do not attach separately) | Print Form

APPLICATION FOR EMPLOYMENT

THE COUNTY OF LORAIN

Only applicants that fill-out all required fields will be considered for employment. Any requested personal information will not be shared.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Date of Application

How Did You Learn About Us?

☐ ADVERTISEMENT ☐ FRIEND ☐ WALK IN
☐ EMPLOYMENT AGENCY ☐ RELATIVE ☐ OTHER _____

Last Name	First Name	Middle Name

Address Number	Street	City	State	Zip Code
			Alabama	

Telephone Number(s)	Social Security Number
	☐☐☐☐ - ☐☐ - ☐☐☐☐

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed by us before? ☐ Yes ☐ No

If Yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

_____

_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1			
Employer	Dates Employed From To	WORK PERFORMED
Address		
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		

2			
Employer	Dates Employed From To	WORK PERFORMED
Address		
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		

3			
Employer	Dates Employed From To	WORK PERFORMED
Address		
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		

4			
Employer	Dates Employed From To	WORK PERFORMED
Address		
Telephone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, nation origin, age, ancestry, disability or other protected status.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra curricular activities.

_____

_____

_____

_____

Describe any job-related training received in the United States military.

_____

_____

_____

_____

_____

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____
_____
_____
_____
_____

Specialized Skills

Check Skills/Equipment Operated

☐ CRT	☐ Fax	Production/Mobile Machinery (list)	Other (list):
☐ PC	☐ Lotus 123	_____	_____
☐ Calculator	☐ PBX System	_____	_____
☐ Typewriter	☐ Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

_____
_____
_____
_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

☐ **YES** ☐ **NO**

References

1 _____ ( ) _____
(NAME) **(TELEPHONE)**

_____
(ADDRESS)

2 _____ ( ) _____
(NAME) **(TELEPHONE)**

_____
(ADDRESS)

3 _____ ( ) _____
(NAME) **(TELEPHONE)**

_____
(ADDRESS)

SUPPLEMENTAL DATA

This portion of your application will be detached and maintained separately. It will be used only when the information is relevant to your application.

If employed this information will not become part of your permanent employment record.

Last Name	First Name	M.I.	Social Security Number

Have you ever been convicted of a felony or convicted of a lesser crime within the last five years? Do not include arrests without conviction charges expunged, convictions adjudged "youthful offender" or "juvenile", or convictions for minor traffic violations.

☐ **Yes** ☐ **No**

If yes, please briefly describe the circumstances of your conviction and your name at that time; indicating the data, nature, and place of the offense and disposition of the case including any rehabilitation. Your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense.

_____

_____

_____

Signature **Date**

The following applicant information is requested for the purpose of preparing periodic reports to the government or other recordkeeping in connection with government requirements. We encourage you to complete this section, but your employment prospects will not be adversely affected should you choose not to provide this information. This portion of the employment application will not become part of your applicant or employment file.

Last Name	First Name	M.I.	Social Security Number

Veteran Status (Refer to definition below - Check one)

- **A.** ☐ **Non-veteran**
- **B.** ☐ **Veteran of the Vietnam era - not disabled b/**
- **C.** ☐ **Veteran of the Vietnam era - disabled a/ b/**
- **D.** ☐ **Veteran not of the Vietnam era - not disabled**
- **E.** ☐ **Veteran not of the Vietnam era - disabled a/**
- **F.** ☐ **Individual does not wish to identify veteran/disabled veteran status**

Handicap Status (Refer to definition below - Check one)

- **A.** ☐ **Handicapped individual c/**
- **B.** ☐ **Not handicapped**
- **C.** ☐ **Individual does not wish to identify handicap status**

Sex/Race-Ethnic (Refer to definition below - Check one)

- **1** ☐ **White d/ Male**
- **3** ☐ **White d/ Female**
- **7** ☐ **Hispanic g/ Male**
- **8** ☐ **Hispanic g/ Female**
- **2** ☐ **Black e/ Male**
- **4** ☐ **Black e/ Female**
- **0** ☐ **American Indian or Alaskan Native h/ Male**
- **9** ☐ **American Indian or Alaskan Native h/ Female**
- **5** ☐ **Asian or Pacific Islander f/ Male**
- **6** ☐ **Asian or Pacific Islander f/ Female**

DEFINITIONS

a/ Disabled Veteran: (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the U.S. Veterans Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38. U.S.C., to have a serious employment handicap or (B) a person who was discharged or released from active U.S. Military duty because of a service-connected disability.

b/ Vietnam Era Veteran: A veteran, any part of whose active U.S. military, naval or air service was during the period August 5, 1964 through May 7, 1975, who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.

c/ Handicapped: A person who has a physical or mental impairment OTHER THAN A TEMPORARY IMPAIRMENT, which substantially limits one or more of his/her major life activities to as to likely cause difficulty with respect to employment opportunities, is regarded as having such an impairment or has a record of such impairment.

d/ White: A person having origin in any of the original peoples of Europe, North Africa, or the Middle East, and not specifically included in another group.

e/ Black: A person having origin in any of the black racial groups.

f/ Asian or Pacific Islander: A person having origin in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Sub continent. This area includes for example: China, Japan, Korea, India, the Philippine Islands, or Samoa, Pakistan, Nepal, Sikkim, Bhutan, Bangladesh and Sri Lanka.

g/ Hispanic: A person of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

h/ American Indian or Alaskan Native: A person having origin in any of the original people of North America.

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, 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

_____

Date of Birth *

_____

Social Security Number

_____

Telephone Number(s)

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

LORAIN COUNTY
DRUG FREE WORKPLACE POLICY

Employer Statement

Purpose

It is the intent of the Lorain County Board of Commissioners to provide a zero tolerance Drug Free Workplace Policy to protect the health and safety of all employees; to insure reasonable protection and quality of service to the people of Lorain County, as well as responsible use of county equipment; to insure the reputation of the Employer and its employees within the community; to reduce absenteeism and tardiness and improve job performance and job safety; to understand that illegal drug and alcohol dependency is a disease; to provide referral to rehabilitation assistance for any employee who seeks such help; not to infringe upon personal rights of any employee except as those rights are balanced against the rights of other employees, the rights of the residents of Lorain County, and the rights of the Employer.

Reference

Federal Drug Free Workplace Act
Ohio Bureau of Workers' Compensation Drug Free Workplace Program

Scope

This zero tolerance Drug Free Workplace Policy (policy) applies to all employees that are covered by one of the Board of Commissioners' (Employer's) Ohio Bureau of Workers' Compensation insurance policies.

Responsibilities

The Employer looks to all its employees to support this zero tolerance controlled substance and alcohol policy to better the overall safety, health, productivity and welfare of employees. Employees are asked to discourage fellow employees from violating this policy. Employees are expected to cooperate in the Employer's efforts to enforce this policy.

The Employer states that each employee has a personal responsibility to abide by reasonable regulations governing behavior and performance on County property. Without detracting from the existing rights and obligations of the parties recognized in other provisions of this policy, the Employer agrees to cooperate to encourage employees affected by alcoholism or drug abuse to undergo a coordinated program directed to their rehabilitation.

Goals

This concern, while not directed at the social and private lives of the employees, is directed at the abuse of alcohol or controlled substances that affect the safety of that employee on the job, the safety of his or her co-workers, and/or interferes with job performances. The following conditions are established:

1. All employees are prohibited from being under the influence of alcohol, drugs, or controlled substances at anytime during working hours.

2. The sale, possession, transfer, or purchase of illegal drugs on County property or while performing official duties is strictly prohibited. Such action will be reported to the appropriate law enforcement officials.

3. The use, sale, or possession of any illegal drug or controlled substance while on duty is cause for termination.

4. No alcoholic beverages will be brought to or consumed on Employer property.

5. Any person other than the one for whom it is prescribed will use no prescription drug on Employer property. Such drugs will be used only in the manner, combination, and quality described. Should the prescribed medicine have the potential side effect of impacting on the employee's performance (e.g., drowsiness), the employee shall notify the immediate supervisor that they are utilizing the prescribed substance.

PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING AUTHORIZATION FORM

I understand that all applicants of this company must be tested for controlled substances as a pre-condition for employment.

I authorize the test provider to the drugs-of-abuse urine collection and its testing.

I understand that a minimum detectable level (zero tolerance) for controlled substances(s) will disqualify me for a position with this Employer.

The review officer will maintain the results of my controlled substance test results and will be forwarded to the Employer. The results will not be release to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

_____ _____

Applicant's Name (Please PRINT). **Date**

_____

Applicant's Signature