



Franklin County
**Children
Services**

Protecting Children by Strengthening Families

Application for Employment

Human Resource Department
855 West Mound Street
Columbus, Ohio 43223
(614) 351-2000

Please submit one application per position. Copies are acceptable. Applications lacking information will not be processed. Please ensure your application is received or postmarked by the closing date. Please be sure to complete the entire application. Also note that once submitted to a government agency, this completed form will be subject to all applicable public record laws.

PLEASE TYPE OR PRINT IN BLUE INK

Date:		
Position Applied For:		
Referral/Recruitment Source:		
APPLICANT INFORMATION		
First Name:	Middle Initial:	Last Name:
Have you ever worked under a different last name than currently used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list other names:		Home/Cell/Business Phone:
Email Address:	Date of Birth-Year not Required Month Day	
Street Address:		
City:	State:	Zip Code:
County of Residence:	Do you have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #
Do you have the minimum automobile insurance required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and what position(s)?		
Have you ever applied for a position with our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate when and what position(s)?		
Have you ever been terminated from any prior employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when, what employer and why?		

Have you ever been asked to resign from any prior employment? Yes No

If yes, when, what employer and why?

PREFERENCES

Preferred Salary:

What Type of Job Are You Looking For? Permanent Temporary

What Type of Work Will You Accept? Full – Time Part – Time

Shifts You Will Accept? Day Evening Night Rotating Weekends On Call (as needed)

EDUCATION –Subject to Verification

High School Name:

Did You Graduate? Yes No

Obtained GED? Yes No

Street Address:

City:

State:

Zip Code:

College Attended :

From:

To:

Major/Minor:

Did You Graduate? Yes No

Degree Received:

College Attended:

From:

To:

Major/Minor:

Did You Graduate? Yes No

Degree Received:

EMPLOYMENT HISTORY-Subject to Verification

Please list the the last **ten years** of work experience beginning with your most recent employment. Military experience and volunteer work may be included as employment. NOTE: To be considered for employment, you must fill in information below, **accurately and completely**. Employers will only be contacted to verify dates of employment and position title. A public records request will be sent for any position with the public sector. You may submit a resume in addition to completing this section. If you need additional space, attach extra sheets to this application.

Dates of Employment:

Employer:

Position Title:

Street Address:

City:

State:

Zip Code:

Phone Number:

Supervisor:

May we contact? Yes No

Duties:		
Reason for leaving:		
Dates of Employment:	Employer:	Position Title:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for leaving:		
Dates of Employment:	Employer:	Position Title:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for leaving:		
Dates of Employment:	Employer:	Position Title:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for leaving:		

Dates of Employment:	Employer:	Position Title:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for leaving:		
Dates of Employment:	Employer:	Position Title:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for leaving:		
Dates of Employment:	Employer:	Position Title:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for leaving:		

SUPPLEMENTAL QUESTIONS

Have you ever had contact with **ANY** County Children Services Agency **AT ANY TIME** in your personal capacity? Yes No (Failure to disclose contact will result in the rejection of your application)

If yes, please explain:

Have you ever been involved with our agency as a **Foster Parent**? Yes No

If yes, please explain:

Have you ever been involved with our agency as an **Adoptive Parent**? Yes No

If yes, please explain:

Have you ever been involved with our agency as a **Volunteer**? Yes No

If yes, please explain:

Have you ever been involved with our agency as a **Kinship Caregiver**? Yes No

If yes, please explain:

Are you currently licensed or seeking licensure as a Foster Parent, Adoptive Parent, or Volunteer for any agency?

Yes No

If yes, please explain:

Do you plan to have any type of second employment if hired by the agency? Yes No

If yes, please provide details:

Do you know anyone who works for the agency? Yes No

If yes, please list below:

Do you know of or have any relatives who work for the agency? Yes No

If yes, please list below:

Please list names of (3) Individuals, other than relatives, whom we may contact for professional references. Past Supervisors Preferred. You may be required to provide reference letters

Name	Relationship	City/State	Zip Code	Phone	Email Address

Emergency Contact Information

Name	Address	City	State	Zip Code	Phone

Please list your two most recent, previous home addresses with dates of residence for each address

Address	City	State	Zip Code	Dates of Residence

CERTIFICATION

I certify that the information provided on this application is true and complete to the best of my knowledge and belief. I understand that providing any falsified information or omitting significant information may disqualify me from further consideration for employment and may be grounds for dismissal if discovered at a later date. I also understand that a background check and drug testing will be required prior to employment. I waive all provisions of law forbidding colleges or universities that I attended, or past employers, from disclosing any information they acquired relevant to my employment and hereby consent to such disclosure to Franklin County Children Services as may be required to arrive at employment decision. I also release all parties from liability for any damage that may result from furnishing such information to Franklin County Children Services.

Signature of Applicant

Date

STATE OF OHIO
EQUAL EMPLOYMENT OPPORTUNITY

Responses to questions 1-6 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. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For:

Date:

Agency:

1. OPTIONAL: Gender

Male Female Non-Binary Transgender

2. OPTIONAL: Please select your age group.

Under 18

18-25

26-39

40-54

55-69

70+

3. OPTIONAL: Race/Ethnicity

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO: All person or Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

OTHER: Please self-define.

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. Have you ever served in the U.S. military or uniformed services?

Yes No

6. If you answered "yes" to the previous question, please indicate if one or more of the following apply:

DISABLED VETERAN: A person who has a current service-connected disability as determined by the U.S. Department of Veterans Affairs.

POST 9-11 ERA VETERAN: A person who served in the military or uniformed services for any period after September 11, 2001.

GULF WAR ERA VETERAN: A person who served in the military or uniformed services for any period between August 2, 1990 and September 10, 2001.

COLD WAR/PEACETIME ERA VETERAN: A person who served in the military or uniformed services for any period between May 8, 1975 and August 1, 1990.

VIETNAM ERA VETERAN: A person who served in the military or uniformed services for any period between August 5, 1964 and May 7, 1975.