



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

Application for Employment

Name:

Position applied for:

	Yes	No
Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the minimum automobile insurance required by law?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been terminated from any prior employment? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been asked to resign from any prior employment? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever applied for a position with our Agency? If yes, please indicate when and for what position(s).	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved with our Agency as a Client? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved with our Agency as a Foster Parent? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved with our Agency as an Adoptive Parent? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved with our Agency as a Volunteer? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved with our Agency as a Kinship Caregiver? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently licensed or seeking licensure as a Foster Parent, Adoptive Parent, or Volunteer for any Agency? If yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

Do you plan to continue any type of second employment if hired by our Agency? **Yes** **No**
 If yes, please provide details below.

Do you know anyone who works for our Agency? If yes, please list below.

Do you have any relatives who already work for our Agency? If yes, please list below.

Provide the names and work phone numbers of your current and most recent supervisors.

Name	Name
Company	Company
Work Number	Work Number

May we contact these individuals? If not, please explain. **Yes** **No**

Please list the names and addresses of three individuals, other than relatives, whom we may contact for professional recommendations.

Name	Address	City	State	Zip Code	Phone

Please list the name and address of one person who will always know your whereabouts.

Name	Address	City	State	Zip Code	Phone

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

Address	City	State	Zip Code	Dates of Residence

Indicate the referral or recruitment source leading to your application.

- Franklin County Children Services Employee Referral
- Website (please specify)
- Social Media (please specify)
- Job Fair
- Walk-in
- University (please specify)
- Other Agency (please specify)
- Other (please specify)

CERTIFICATION

I certify that the information provided on this application and the Ohio Civil Service Application is true and complete to the best of my knowledge and belief. I understand that providing any falsified information or omitting significant information on either application 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 an 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



EQUAL EMPLOYMENT OPPORTUNITY

Responding to the following questions is **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 consideration 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:

1. SEX:

Male Female

2. RACE/ETHNICITY:

- Native Hawaiian or Pacific Islander
- Black or African American
- White
- Asian
- American Indian or Alaskan Native
- Hispanic or Latino
- Other - Please self-define:

3. AGE GROUP

- 18-25
- 26-39
- 40-54
- 55-69
- 70+

4. Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

Yes No

5. Are you a veteran?

Yes No