

# Instructions to Applicants



## Mahoning County Children Services

222 West Federal Street, 4<sup>th</sup> Floor

Youngstown, Ohio 44503

PHONE: (330) 941-8888

FAX: (330) 941-8787

**PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION BLANK**

**PLEASE KEEP THIS FORM FOR YOUR INFORMATION**

- 1. There is no guarantee of a job offer or job interview in completing our employment application blank. Your application blank will be considered with others who have submitted applications, and decisions about interviews will be based on this comparison.**
- 2. Our application blank must be completely filled out in order for it to be considered for employment.**
- 3. If the information you provide on our application is false or misleading, your application will not be considered.**
- 4. Due to the large number of applications we receive and our competitive hiring policy, specific reasons for employment decisions will not be released.**
- 5. In completing our application blank, you will be subject to the following checks:**

**(A) EMPLOYMENT REFERENCE CHECK  
FROM PRESENT/FORMER EMPLOYERS**

**(B) CRIMINAL RECORD CHECK**

- 6. Once an offer of hire is made, the applicant must undergo an employer paid drug screen.**

**PLEASE NOTE:** A contingency of hire is that you must have an automobile available, a valid Ohio driver's license, and a certificate of at least the state minimum of automobile liability insurance.

# Application For Employment

*An Equal Opportunity Employer*



## Mahoning County Children Services

222 West Federal Street, 4<sup>th</sup> Floor

Youngstown, Ohio 44503

PHONE: (330) 941-8888

FAX: (330) 941-8787

**It is the policy of this agency to 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 Applied For		Date of Application		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name		First Name		Middle Name
Address: Number	Street	City	State	Zip Code
Home Telephone Number - -			Cell Phone Number - -	
E-Mail Address				

If necessary, the best time to call you at home is: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

May we contact you at work?  Yes  No

If yes, please indicate your work number and the best time to call: \_\_\_\_\_

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

Have you ever been employed with us before?  Yes  No

If yes, give date(s): \_\_\_\_\_

Position held at this agency: \_\_\_\_\_

Have you been involved at any time with Mahoning County Children Services or any other child welfare agency?  Yes  No

Are you currently employed?  Yes  No

On what date would you be available for work? \_\_\_\_\_

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.*  Yes  No



## EMPLOYMENT HISTORY AND WORK EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities.

*You may exclude history which would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

Explain any gaps in employment in the "comments" section on the next page.

<b>1</b>	Employer:	From:	To:	Duties, responsibilities, equipment, promotions:
	Address:			
	Telephone Number(s):	Starting Rate	Ending Rate	
	Job Title:	\$	\$	
	Supervisor:			Reason for Leaving:
				May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Employer:	From:	To:	Duties, responsibilities, equipment, promotions:
	Address:			
	Telephone Number(s):	Starting Rate	Ending Rate	
	Job Title:	\$	\$	
	Supervisor:			Reason for Leaving:
				May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Employer:	From:	To:	Duties, responsibilities, equipment, promotions:
	Address:			
	Telephone Number(s):	Starting Rate	Ending Rate	
	Job Title:	\$	\$	
	Supervisor:			Reason for Leaving:
				May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Employer:	From:	To:	Duties, responsibilities, equipment, promotions:
	Address:			
	Telephone Number(s):	Starting Rate	Ending Rate	
	Job Title:	\$	\$	
	Supervisor:			Reason for Leaving:
				May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**COMMENTS (Including Explanation of Any Gaps in Employment)**

**SPECIALIZED SKILLS/EQUIPMENT OPERATED**

What machines can you operate?     Computer     Calculator     Fax     Telephone Console

List Any Others: \_\_\_\_\_

Indicate which software packages/hardware systems you can use: \_\_\_\_\_

If applying for a position requiring typing, indicate current typing speed: \_\_\_\_\_ wpm

**OTHER SKILLS AND QUALIFICATIONS**

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

**PERSONAL REFERENCES**

*Do NOT list relatives or previous employers.*

<b>Name &amp; Occupation</b>	<b>Street Address City, State, Zip Code</b>	<b>Telephone Number &amp; Email Address</b>
Name:  Occupation:		Telephone Number:  Email Address:
Name:  Occupation:		Telephone Number:  Email Address:
Name:  Occupation:		Telephone Number:  Email Address:
Name:  Occupation:		Telephone Number:  Email Address:
Name:  Occupation:		Telephone Number:  Email Address:

**MAHONING COUNTY CHILDREN SERVICES  
APPLICANT'S STATEMENT**

*Please read each of the following paragraphs carefully.*

Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a mandatory drug and alcohol test and any medical examination that the employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary.

Initials: \_\_\_\_\_

2. I understand and accept that given the duties and responsibilities of the employer, I may be required to work weekends, evening hours, or at other times as determined by the employer, including overtime hours.

Initials: \_\_\_\_\_

3. I understand and accept that, if I am selected for employment, I must serve a 240 day probationary period during which time I can be removed or reduced at any time without right to appeal if my services are found unsatisfactory.

Initials: \_\_\_\_\_

4. I understand and accept that it may be necessary for me to sign any waivers/releases necessary to allow the employer to obtain information from my current and former employers, schools, and personal references. I further understand and accept that I may be required to undergo a law enforcement background check including fingerprinting and a driver abstract check.

Initials: \_\_\_\_\_

5. I understand and accept that if any information required in this application is found to be falsified, misleading, or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified, misleading, or intentionally excluded.

Initials: \_\_\_\_\_

I certify that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I also understand that I am required to abide by all rules and regulations of the employer. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug abuse, or alcohol abuse.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date