



Multi-County Juvenile Attention System

Carroll, Columbiana, Stark, Tuscarawas, and Wayne Counties

815 Faircrest Street, S.W. • Canton, Ohio 44706-4844 • Telephone: (330) 484-6471 • Facsimile: (330) 484-8112

Application for Employment

SECTION I – PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ PHONE NUMBER AND AREA CODE _____

(OPTIONAL) CELL NUMBER or WORK NUMBER _____

POSITION APPLIED FOR:

VOLUNTEER/ INTERNSHIP APPLIED FOR:

ARE YOU INTERESTED IN: YES NO

FULL-TIME work? YES NO

PART-TIME work? YES NO

TEMPORARY work? YES NO

INTERMITTENT work? YES NO

Are you a current user of illicit drugs? _____

Applicant will be required to have a pre-employment drug testing.

“The passing of a criminal background check is a condition of employment. A conviction record does not automatically exclude you from consideration.”

Are you over 18 years old? Yes _____ No _____

Are you eligible to work in the United States? Yes _____ No _____

(If hired, you will be required to provide proper identification and verification of employment eligibility.)

Do you have secondary employment that will continue if hired by Multi-County? Yes _____ No _____

If yes, will this secondary employment interfere with your schedule, or present any other conflicts with your employment with Multi-County Juvenile Attention System? Yes _____ No _____

Multi-County has facilities in the following counties. Which location would be your preference?

TUSCARAWAS COLUMBIANA STARK WAYNE

The Multi-County Juvenile Attention System is an equal employment opportunity employer and complies with all employment laws and regulations that prohibit discrimination. We do not discriminate in employment because of race, color, sex, national origin, age, or disability.

SECTION II – EXPERIENCE

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB: Telephone number _____
Employer's name _____
Complete mailing address _____
Street Address City State Zip Code
Length of employment FROM: mo ___ day ___ yr ___ TO: mo ___ day ___ yr ___ Reason for leaving: _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties performed: _____

NEXT MOST RECENT: Telephone number _____
Employer's name _____
Complete mailing address _____
Street Address City State Zip Code
Length of employment FROM: mo ___ day ___ yr ___ TO: mo ___ day ___ yr ___ Reason for leaving: _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties performed: _____

Telephone number _____
Employer's name _____
Complete mailing address _____
Street Address City State Zip Code
Length of employment FROM: mo ___ day ___ yr ___ TO: mo ___ day ___ yr ___ Reason for leaving: _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties performed: _____

Telephone number _____
Employer's name _____
Complete mailing address _____
Street Address City State Zip Code
Length of employment FROM: mo ___ day ___ yr ___ TO: mo ___ day ___ yr ___ Reason for leaving: _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties performed: _____

Telephone number _____
Employer's name _____
Complete mailing address _____
Street Address City State Zip Code
Length of employment FROM: mo ___ day ___ yr ___ TO: mo ___ day ___ yr ___ Reason for leaving: _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties performed: _____

SECTION IV – MISCELLANEOUS

THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE CLASSIFICATION/POSITION FOR WHICH YOU ARE APPLYING.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you willing and able to secure Driver’s License, if a license is required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If necessary, can you supply your own transportation for work use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can you perform the essential job-related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “YES” to question 3 or “NO” to questions 1 or 4, please explain fully below, indicating by number to which you are responding.

REFERENCES

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION.

NAME	ADDRESS	CITY	STATE/ZIP CODE	PHONE
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PREVIOUS ADDRESS

Please list TWO MOST RECENT ADDRESSES with the date of residence.

ADDRESS	CITY	STATE/ZIP CODE	DATES OF RESIDENCE
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APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED.

In signing below, I am verifying that all of the information I’ve provided is complete, truthful, and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration. If I am hired and the Multi-County Juvenile Attention System discovers that information provided on this application is inaccurate or incomplete, I understand and agree that this is sufficient cause for separation from employment. I understand and agree that this application is not intended to be a contract of employment, and that employment with the Multi-County Juvenile Attention System does not constitute a contractual employment relationship. I understand that I will be required to submit to and pass a criminal background check and drug test, in addition to reference verifications. I hereby give Multi-County Juvenile Attention System permission to verify any and all information that I have provided on this application and release all parties involved from any and all liability for any damage that may result by providing such information.

SIGNATURE OF APPLICANT _____ **DATE** _____



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DATE _____

Multi-County Juvenile Attention System is requesting arrest information on:

NAME: _____

ALIAS/MAIDEN NAME: _____

DOB: _____

SS#: _____

LAW ENFORCEMENT AGENCY AUTHORIZATION

I, _____, do hereby authorize and request any City, County, State, Federal Agency Department, or Bureau to furnish any criminal information in their files under the above name(s). I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any damage for having furnished said information.

Signature _____

Witness _____



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Diana Screen® Consent Form

The Multi- County Juvenile Attention System is committed to protecting the children we serve. The Diana Screen® is a sexual risk screening test designed to help screen candidates for positions with our agency.

I hereby give my consent to take the Diana Screen® as part of the Multi- County Juvenile Attention System employment/ volunteer process.

I understand that:

1. Failure to consent to and complete the Diana Screen® may result in denial of a position working with or caring for youth at this agency.
2. My Diana Screen® test will be identified in the computer by a test identification number only. My name will not be attached to my answers or to the screen results.
3. My answers to the questions on the Diana Screen® will NOT be seen by anyone at this agency.
4. My answer will go to Abel Screening, Inc., in Atlanta, Georgia for scoring.
5. My pass/ fail results will be provided to this agency and may be used as part of this agency's decision on whether I may work or volunteer for the agency.
6. Abel Screening, Inc. will use my answers without my name for research to protect children.

I understand and agree to release Abel Screening, Inc. and The Multi- County Juvenile Attention System from all liability for damages that may result from the use of the Diana Screen® in the selection process for positions that work directly with, around, or provide care for children. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature.

Candidate's Printed Name

Signature

Date

Witness' Printed Name

Signature

Date