

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

POSITION APPLIED FOR: ARE YOU INTERESTED IN: YES NO Are you a current of the contract of the	
PHONE NUMBER AND ARE (OPTIONAL) CELL NUMBER or WORK NO POSITION APPLIED FOR: ARE YOU INTERESTED IN: YES NO FULL-TIME work? PART-TIME work?	
(OPTIONAL) CELL NUMBER or WORK N POSITION APPLIED FOR: ARE YOU INTERESTED IN: YES NO Are you a current of Applicant will be respectively a current of Applicant will be respectively applicant will be respectively.	ZIP CODE
POSITION APPLIED FOR: ARE YOU INTERESTED IN: YES NO Are you a current of Applicant will be responsible for the position of th	EA CODE
ARE YOU INTERESTED IN: YES NO Are you a current of Applicant will be responsible to the Applicant will be responsible to t	IUMBER
FULL-TIME work? PART-TIME work? D Applicant will be re	OLUNTEER/ INTERNSHIP APPLIED FOR:
FULL-TIME work? PART-TIME work? D Applicant will be re	
PART-TIME work?	user of illicit drugs?
	equired to have a pre-employment drug testing.
INTERMITTENT work?	
"The passing of a criminal background check is a condition of automatically exclude you from cor	
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 a Do you have secondary employment that will continue if hired If yes, will this secondary employment interfere with your school employment with Multi-County Juvenile Attention System? Ye	and verification of employment eligibility.) by Multi-County? Yes No edule, or present any other conflicts with your
Multi-County has facilities in the following counties. Which location w	ould be your preference?
	AYNE

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.

Employer's name	Telephone number			
Complete mailing addressStreet Address				
Street Address Length of employment FROM: moday yr TO: moday_	City State Zip CodeyrReason for leaving:			
Position (job title and classification)	Salary: beginningending			
Duties performed:				
NEXT MOST RECENT: Employer's name	Telephone number			
Complete mailing addressStreet Address	City State Zip Code			
Length of employment FROM: moday yr TO: moday_	yrReason for leaving:			
Position (job title and classification)	Salary: beginning ending			
Duties performed:				
Employer's name	Telephone number			
Complete mailing addressStreet Address				
Length of employment FROM: moday yr TO: moday_	yrReason for leaving:			
Position (job title and classification)	Salary: beginning ending			
Duties performed:				
Employer's name	Telephone number			
Complete mailing addressStreet Address				
Street Address Length of employment FROM: moday yr TO: moday	City State Zip Code			
Position (job title and classification)				
Duties performed:				
Employer's name	Telephone number			
Complete mailing address				
Street Address Length of employment FROM: modayyr TO: moday	City State Zin Code			
Position (job title and classification)				
Duties performed:				

SECTION III – EDUCATION AND TRAINING

EDUCATION Do you possess a high school diploma or equivale Total number of years of education (including prin Highest academic degree or level attained: Name and address of school, college or university	mary school)	
If no degree, last school attended: Major subject area for graduate degree, if any: Major subject area for graduate study without a de Major subject area for undergraduate degree, if a Major subject area for undergraduate study witho Minor subject area(s) for undergraduate degree, i If applying for a student help or college intern pos And contact person with phone number:	egree, if any: ny: out a degree, if any: if any: ition, please list the school you a	are attending:
Please list below the specific course work areas reindicate the number of courses you have successful submitted for this section. EXAMPLE: A list of Course work areas for ONLY a purchasing agent might Include: COURSE WORK AREA NO.OF COURSES Procurement 6 Inventory 3 Bookkeeping 3 Public relationships 1 Government 1 Budgeting 1		
COMPUTER SKILLS Wrapplications? If you have received TRAINING or EXPERIENCE in which you are applying, please submit the following education as described above): Type of Training Organization	YES NO nat any other area that you feel is reing information (do not include training	sining gained as part of your Subject(s) Covered
In the area below, please describe briefly any addination(s) requested. Include special machines of qualifying skills, also how much time and experien	or equipment you operated, hobb	

SECTION IV - MISCELLANEOUS

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

1. Are you will	ing and able to secure Drive	r's License, if a license is required?	YES N	IO
2. If necessary, can you supply your own transportation for work use?				
3. Have you ev	ver been employed in the sta	te or county services?		
4. Can you per	form the essential job-relate	ed requirements of the specific job fo	or which you are applying? ☐ ☐]
If you answere number to wh	ed "YES" to question 3 or "NO ich you are responding.	O" to questions 1 or 4, please explai	າ fully below, indicating by	
REFERENCES Please list the PROFESSION		ee individuals, other than relatives,	whom we may contact for a	
PREVIOUS AD	DDRESS			
ADDRESS	O MOST RECENT ADDRESSI	ES with the date of residence. STATE/ZIP CODE	DATES OF RESIDE	NCE
In signing belobest of my known for disqualifying discovers that this is sufficientended to be does not consipass a criminal County Juvenia application and such information.	owledge. I further understang me from further consider information provided on this ent cause for separation from a contract of employment, a titute a contractual employmal background check and dile Attention System permis d release all parties involved on.	THIS OATH IS OMITTED. The information I've provided is completed that any misrepresentation or on the training and the Multi-Grapplication is inaccurate or incomplete employment. I understand and that employment with the Multi-graph relationship. I understand that the trug test, in addition to reference the training to verify any and all information any and all liability for any data.	nission of pertinent facts is of County Juvenile Attention Syplete, I understand and agree agree that this application is County Juvenile Attention Sylwill be required to submit to verifications. I hereby give tion that I have provided or mage that may result by proving	cause ystem e that is not ystem to and Multi- n this
SIGNATURE O	F APPLICANT		DATE	



Information to be disclosed includes:

Multi-County Juvenile Attention System

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MULTI-COUNTY JUVENILE ATTENTION SYSTEM AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize all persons, to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to Multi-County Juvenile Attention System.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations for all claims of any nature, as a result of said communication or disclosure.

Personal History
Education Records
Employment Records (Past/present, experience, performance, attendance, etc.)
Military Service records
Financial Records
Criminal History records
Organizational Memberships

Other information pertaining to suitability for employment with the Multi-County Juvenile Attention System

These records will be retained on file in the Multi-County Juvenile Attention System Personnel Department.

Signature of Individual Waiving Rights to Information	Date	 · · · · · · · · · · · · · · · · · · ·
Multi-County Juvenile Attention System Witness	Date	

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM DATE OF SIGNATURE



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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		
	•	2 4			
Witness' Printed Name	Signature	;	Date		

PREA Form 05