

Franklin County Community Based Correctional Facility Employment Application

It is the policy of the Franklin County Community Based Correctional Facility (FCCBCF) to provide a harassment-free and equal employment opportunity work environment for all applicants and employees. FCCBCF is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

FCCBCF maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct and attendance. Additionally, FCCBCF reserves the right to investigate any suspected unethical or illegal activities and any violation of the policies including, but not limited to, misappropriation of funds, falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, unreasonable absences (including excessive or patterned absenteeism), and the like. Violations of the policies will result in disciplinary actions by FCCBCF, which could include termination and prosecution; alleged criminal violations will be referred to the FC Sheriff. THE EMPLOYMENT RELATIONSHIP WITH THE FCCBCF IS AT WILL AND EMPLOYMENT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AT THE OPTION OF EITHER THE FCCBCF OR THE EMPLOYEE. Questions about these policies may be addressed to the Human Resource Office, FCCBCF. All questions must be answered completely and accurately. Incomplete applications may be rejected.

Date: **11/18/2016**

First Name:	Middle Initial:	Last Name:
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Home/Business Phone:	Email Address:
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Street Address:

City:	State:	Zip Code:
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Social Security Number:

If you have lived at the above address for less than six months, list your previous address:

Are you currently eligible (by reason of citizenship or legal alien status) for employment in the United States?

Yes No

Is your residency in the U.S. based on a student visa? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Will you require employer sponsorship in order to remain eligible for work in the United States?
 Yes No (Applicants must be presently authorized to work in the United States on a full-time basis.)

Have you ever worked under a different last name than currently used? Yes No
If yes, provide name:

Have you ever been employed by the state, city, township, or county service of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates of employment:	Position(s) held?
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Are you related to anyone currently employed at the Franklin County CBCF? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name:	Relationship to you:
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How were you referred to Franklin County CBCF?

Position Applied For:	Position Type : <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Interim
Salary Requirements:	Available Employment Date:

PLEASE INDICATE HOURS YOU ARE AVAILABLE TO WORK:

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

Unless scheduled otherwise, you will be expected to work a minimum of 40 hours. Are you able to do this? Yes No

Are you willing and available to work additional hours including nights? Yes No

Are there any limitations on your working hours? Yes No If yes, please explain:

Employees in essential positions are subject to mandated work. There are no exceptions to this requirement. Are you willing and able to work mandated overtime? Yes No
 Non-essential positions will be mandated during emergency situations; the work may be in another position.

EDUCATION

High School Name:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, GED?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address:

City:	State:	Zip Code:
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College Attended:	Attended From:	To:
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Overall GPA:	Major GPA:
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Major/Minor:	Name of Degree:	Date Degree Obtained:
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Street Address:

City:	State:	Zip Code:
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College Attended:	Attended From:	To:
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Overall GPA:	Major GPA:
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Major/Minor:	Name of Degree:	Date Degree Obtained:
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Street Address:

City:	State:	Zip Code:
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Extracurricular Activities:
 (You may exclude any organization in which the name or character of the organization indicates the race, color, religion, national origin, sex, veteran status, ancestry, disability, marital status, or any other classification protected by federal, state, or local law.)

Honors and Achievements:
 List any courses taken that may be applicable to the position for which you are applying:
 Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying.

Computer Skills:
 Computer Literacy is required for employment. Please describe your level of computer knowledge and skills below.

Check All Applicable Skills	Number of Yrs	Check All Applicable Skills	Number of Yrs
<input type="checkbox"/> General Office Equipment		<input type="checkbox"/> Grant Writing	
<input type="checkbox"/> Keyboarding WPM		<input type="checkbox"/> Problem / Conflict Resolution	
<input type="checkbox"/> Budgeting / Forecasting		<input type="checkbox"/> Counseling	
<input type="checkbox"/> PC Software Knowledge:		<input type="checkbox"/> Simultaneous Management of Multiple Tasks	
<input type="checkbox"/> Microsoft Office		<input type="checkbox"/> Concealed Weapons License	
<input type="checkbox"/> Lotus Notes		<input type="checkbox"/> Corrections / Human Services	
<input type="checkbox"/> Supervisory / Management		<input type="checkbox"/> First Aid and CPR Certification	
Number of Employees:		Expiration Date:	

EMPLOYMENT HISTORY

If a resume accompanies this application, please complete the sections in bold typeface and indicate the attachment of your resume.

Please list all jobs held within at least, the last ten (10) years, beginning with your present or most recent job. Include all self-employment, voluntary work, and military work experience. Please use additional sheets if necessary. *Any gaps in employment may need to be explained upon interview.*

Employer:	Type of business:		
Telephone #			
Street Address:			
City:		State:	Zip Code:
Employed From:	To:	Salary Beginning:	Ending:
Title of Position:		Supervisor:	
Description of work:			

Reason for leaving:

Employer:	Type of business:		
Telephone #			
Street Address:			
City:		State:	Zip Code:
Employed From:	To:	Salary Beginning:	Ending:
Title of Position:		Supervisor:	
Description of work:			

Reason for leaving:

Employer:	Type of business:		
Telephone #			
Street Address:			
City:		State:	Zip Code:
Employed From:	To:	Salary Beginning:	Ending:
Title of Position:		Supervisor:	
Description of work:			

Reason for leaving:

If any of the employers identified above were asked why you left, would their answers be the same as yours? Yes No
If no, please explain:

Were you involuntarily terminated from any previous position? Yes No If yes, please explain:

May we contact your current employer? Yes No If no, please explain:

DRIVER'S LICENSE INFORMATION - Valid Ohio Driver's License and Good Driving Record are Required

Do you have a valid Ohio driver's license? **Yes**

Drivers License #:	Expiration Date:
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Personal References: Names of Non-relatives who can provide Professional and/or Character References.

Name:	Years Known:	
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Occupation:	
Name:	Years Known:	
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Occupation:	
Name:	Years Known:	
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Occupation:	

Please attach your cover letter, resume, or additional information below.

CERTIFICATION

Please read carefully. If you have any questions regarding this statement, please discuss them with the interviewer before signing:

In the event of my employment, I agree to conform to the policies and any other rules and regulations of the FCCBCF and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added at the sole option of the FCCBCF without prior notice to me. I understand that this application will be given every consideration but its receipt does not imply that I will be employed. I understand that this employment application and any other FCCBCF documents are not contracts for employment, and that my employment will be "employment at will" and can be terminated at any time, with or without cause or notice, at the option of either FCCBCF or myself. If hired, I understand that no modification or alteration of my employment at will status shall be valid or binding, unless it is expressly set forth in a written document by the Human Resources Officer, as approved by the FCCBCF Director.

Initials

I understand that the FCCBCF may require me to undergo a drug screen by medical staff and/or agent selected by the FCCBCF when being seriously recommended for hire, as a condition of my employment and/or continued employment. I consent to the release of my drug test results to the FCCBCF. I understand that I may be asked to submit to a drug test at anytime if employed at the FCCBCF. I also understand that I must successfully pass the drug test to be considered for employment or continued employment. I further release the FCCBCF, including all its appointed officials, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from submission to a drug test.

Initials

I understand that FCCBCF maintains a no smoking environment; including all outside areas.

Initials

I understand that this application will remain open, for the JOB FOR WHICH I HAVE APPLIED, for a sixty (60) day period.

Initials

I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent on completing all aspects of the pre-employment and reference checking processes.

Initials

I understand that I will receive payment through direct deposit and I agree to maintain an active bank account for this purpose.

Initials

I understand that options for overtime payment include compensatory time in lieu of cash payment, along with cash payment.

Initials

Applicant Signature

Date

By signing this document you are stating that the information contained in this application is true and accurate.