

SHELBY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES APPLICATION INFORMATION

APPLICATIONS WILL ONLY BE ACCEPTED FOR POSITIONS CURRENTLY POSTED AND AVAILABLE.

Please read the following information before completing the application.

1. Completing and submitting your employment application does not guarantee a job offer or a job interview. Your application will be reviewed and considered with others who have submitted applications for the same job opportunity. Decisions about interviews will be based on those considerations. If we wish to schedule an interview, we will call you. Please, no unsolicited phone calls.
2. The employment application must be completed in its entirety to be considered.
3. If the information provided on the application cannot be satisfactorily verified or is found to be untruthful, your application could be considered incomplete or unacceptable.
4. We do not accept or retain unsolicited applications. Applications are filed according to specific, posted job opportunities.
5. Due to the large number of applications received and the competitive nature of our employment process, we are not able to release specific reasons for employment decisions.
6. Depending on the position, applicants considered for employment may be subject to the following:
 - a) Employment reference checks from current and previous employers
 - b) Post-offer criminal background check (BCI and/or FBI)
 - c) Post-offer drug and alcohol screen
 - d) Post-offer physical examination
 - e) Motor Vehicle Record check
 - f) Check of personal references
 - g) Verification of post-secondary educational degrees

If you have questions regarding the application process or posted positions, please contact:

Shelby.Careers@JFS.Ohio.Gov

Shelby County Department of
Job and Family Services
227 S. Ohio Avenue, Sidney, OH 45365

Shelby County Department of Job and Family Services
is an Equal Opportunity Employer. Please, no unsolicited phone calls.

APPLICATION FOR EMPLOYMENT

SHELBY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Shelby County Department of Job and Family Services is an equal opportunity employer and employment decisions are made without regard to race, color, religion, sex, age, national origin, disability, military status, genetic testing, or other unlawful bias except when such a factor constitutes a bona fide occupational qualification.

PLEASE PRINT CLEARLY OR TYPE

Position(s) Applied For _____ Application Date _____

Rate of Pay Expected _____

Referral Source: ☐ Advertisement ☐ Relative ☐ Inquiry ☐ Website
☐ Employment Agency ☐ Friend ☐ Other

Applicant Name _____
Last First Middle

Address _____
Street City State Zip Code

Contact Information _____
Home Phone Cell Phone or Other Contact No. Email Address

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment.) ☐ Yes ☐ No

If employed and you are under age 18, can you furnish a work ☐ Yes ☐ No

permit? Can you meet the attendance requirements of this position? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Have you ever applied to Shelby County Dept. of JFS before? ☐ Yes ☐ No

If yes, which office or department? _____

Have you ever worked for Shelby County Dept. of JFS? ☐ Yes ☐ No

If yes, which office or department? _____

Type of employment desired:

☐

Full-Time

☐

Part-Time

☐

Temporary

☐

Intermittent

Have you been provided with a written job description of the position for which you have applied? _____

List any relatives or friends who are employed by Shelby County Dept. of JFS _____

EDUCATION

Upon employment, the successful applicant may be required to provide proof of graduation or GED.

Name and Location of School	Highest Level Completed	Did you Graduate?	Field of Study
High School or GED Courses			
College or Trade School			
Graduate or Business School			

List special equipment or machines you can operate: _____

List computer software in which you have skills, including word processing, spreadsheets and data base programs.
Please indicate the name of the specific software: _____

List special clerical skills including keyboarding, shorthand/speedwriting: _____

LICENSES, REGISTRATIONS AND CERTIFICATIONS

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Do you presently hold a valid State of Ohio driver's license? *(This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered.)*

Yes

No

If yes, type of license:

Operator's

Commercial

Driver's License (CDL) Endorsements? _____

Please provide other License/Certification/Apprenticeship information including the certification numbers and expiration dates: _____

Please list any additional information you feel may be helpful to us when considering your application, including any special skills, business and civic activities, and honors. Exclude those which indicate race, color, religion, sex, or national origin: _____

EMPLOYMENT HISTORY

Provide your work experience starting with your present or last job. All sections must be completed for each employer. Include any job-related military service assignments and volunteer activities. Exclude organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

① Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____
May we contact this employer? ☐ Yes ☐ No Why or why not? _____

② Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____
May we contact this employer? ☐ Yes ☐ No Why or why not? _____

③ Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____
May we contact this employer? ☐ Yes ☐ No Why or why not? _____

④ Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____ Job Title _____

Work Performed _____

Supervisor _____ Reason for Leaving: _____

May we contact this employer? Yes No Why or why not _____

Please explain any gaps in employment: _____

Have you ever been fired or asked to resign from a job? _____ If yes, please explain _____

PERSONAL REFERENCES

Persons you have known for at least one year. Do not include former employers or relatives.

Name & Occupation	Address	Telephone	Email	Years Known

SUMMARY OF QUALIFICATIONS

Briefly describe the experience, education, training and other factors that qualify you for the position you are applying.

APPLICANT STATEMENT AND SIGNATURE

Please read the statement carefully. Signature is required for application to be complete.

I agree and understand that omissions, misstatements and falsifications will cause forfeiture on my part of all eligibility to any employment with Shelby County Department of Job and Family Services and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service when it is discovered. I expressly authorize Shelby County Department of Job and Family Services, its representatives, members or agents the right to investigate and verify any information obtained through the application process. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing relevant, job-related information that will assist in this process.

I recognize that an offer of employment may be contingent upon successful completion of a pre-employment drug screen, alcohol screen, background investigation, criminal record check, valid and acceptable driving record, physical, and psychological tests. I understand that all conditions of employment, including, but not limited to hours, benefits and salary are subject to change by Shelby County Department of Job and Family Services at any time. I understand that no representative of Shelby County Department of Job and Family Services is authorized to make any assurances to the contrary and that no implied, oral and written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I understand that a new application must be completed for any future job postings or employment opportunities.

I certify that all information I have provided in order to apply for and obtain employment with Shelby County Department of Job and Family Services is true, complete, and correct.

Applicant Signature (Required)

Date Signed

REFERENCE CHECK RELEASE

"I expressly authorize *Shelby County Department of Job and Family Services*, its representatives, members or agents, the right to investigate and verify any information obtained through the application process.

I authorize all individuals, schools, and employers to provide any information requested about me, and I release them from all liability for damage in providing relevant, job-related information that will assist in the applicant consideration process."

Printed Name: _____ Social Security # Last 4: _____

Any Other Names Used (*Maiden Name, Former Last Names, Nicknames*): _____

Signature: _____ Date: _____

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **The following FCRA right applies with respect to nationwide consumer reporting agencies:**

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE: You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

*Sign below to indicate you've received and reviewed **Your Rights under the Fair Credit Reporting Act**.*

Applicant Signature (Required)

Date Signed