Shelby County Department of
– Job & Family Services –

Shelby County Department of
Job & Family Services 227 S.
Ohio Ave.
Sidney OH 45365

Application for Employment

Position & Position Number:

Agency:

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date as required by the hiring agency. Please be sure to complete the entire application. Also note that once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

Personal Information

Name: (Last, First, Middle)

Date of Birth (Year not required):

Month / Day

Address: (Street, City, ZIP Code)

Phone Number:

Alternate Number:

E-Mail Address:

Driver's License: (Optional)

- ☐ Yes
- ☐ No

Legal right to work in the U.S.:

- ☐ Yes
- ☐ No

Preferences

Preferred Salary:

Are you willing to relocate:

- ☐ Yes
- ☐ No
- ☐ Maybe

What type of job are you looking for?

- ☐ Regular
- ☐ Temporary

Types of work you will accept:

- ☐ Full-Time
- ☐ Part-Time

Shifts you will accept:

- ☐ Day
- ☐ Evening
- ☐ Night
- ☐ Rotating
- ☐ Weekends
- ☐ On Call (as needed)

Education

High School Name:

Location: (City, State):

Check Year Completed:

☐ 9 ☐ 10
☐ 11 ☐ 12

Did you Graduate:

☐ Yes
☐ No

Obtained GED?

☐ Yes
☐ No

School Name (1): (College/University)

Location: (City, State):

Check Year Completed:

☐ 1 ☐ 2 ☐ 3
☐ 4 ☐ 5 ☐ 6

Did you Graduate:

☐ Yes
☐ No

Major:

Degree Received:

Number of Quarter/Semester Hours Completed:

School Name (2): (College/University)

Location: (City, State):

Check Year Completed:

☐ 1 ☐ 2 ☐ 3
☐ 4 ☐ 5 ☐ 6

Did you Graduate:

☐ Yes
☐ No

Major:

Degree Received:

Number of Quarter/Semester Hours Completed:

Employment History

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. If you need additional space, attach extra sheets to this application.

Employer (1):

Position Title:

Company URL:

Address: (Street, City, ZIP Code)

Phone Number:

Supervisor:

Hours per week:

Salary:

May we contact this employer?

- ☐ Yes
- ☐ No

Duties:

Reason for leaving:

Dates: (Start Date - End Date):

Employer (2):

Position Title:

Company URL:

Address: (Street, City, ZIP Code)

Phone Number:

Supervisor:

Hours per week:

Salary:

May we contact this employer?

- ☐ Yes
- ☐ No

Duties:

Reason for leaving:

Dates: (Start Date - End Date):

Employer (3):

Position Title:

Address: (Street, City, ZIP Code)

Phone Number:

Company URL:

Supervisor:

Hours per week:

Salary:

May we contact this employer?

- ☐ Yes
- ☐ No

Duties:

Reason for leaving:

Start Date - End Date:

Type, Licensing #(s), and Issuing Agency:

Skills/Languages:

The purpose of questions 1-8 is to obtain information relevant to employment with the State of Ohio. Responses to these questions are required.

1. Please indicate your county of residence:

2. Summary of Qualifications - In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position or examination. If you need additional space, attach an extra sheet to this application.

3. Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. If you need additional space, attach extra sheets to this application.

4. Are you a current State of Ohio employee?

- ☐ Yes, I'm a permanent employee.
- ☐ Yes, I'm an interim or intermittent employee
- ☐ Yes, I'm a temporary, seasonal or project employee
- ☐ Yes, I'm a fixed term or established term employee
- ☐ No, I'm not a State of Ohio employee

5. If you are a current State of Ohio employee, please provide your eight (8) digit, OAKS ID number. If you are not a current State of Ohio employee, please type N/A.

6. If you are not a current State of Ohio employee, have you ever been employed by the State of Ohio? (If you are a current State of Ohio employee, please select N/A.)

☐ Yes ☐ No ☐ N/A

7. If you were previously employed by the State of Ohio, please choose one of the following:

☐ Employment ended prior to 12-01-2004.

☐ Employment ended on or after 12-02-2004.

☐ N/A - Not previously employed by the State of Ohio or current state employee.

8. How did you learn about this employment opportunity?

☐ Facebook
☐ Twitter
☐ Linkedin
☐ Other Social Media
☐ careers.ohio.gov Trade Journal
☐ GovernmentJobs.com
☐ Other Job Board
☐ Indeed.com
☐ Career/Recruitment Fair
☐ State of Ohio Employee Referral

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature / Full Name of Applicant

Date:

Certificates and Licenses