

WORTH CENTER
PERSONNEL POLICY MANUAL

APPLICATION FOR EMPLOYMENT

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AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON
THE ENTIRE APPLICATION FORM

SECTION I PERSONAL INFORMATION

POSITION SOUGHT: _____

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE (OPTIONAL): _____

EMAIL: _____

1. Are you at least 18 years of age? YES NO
2. If necessary, can you obtain a work permit? YES NO
3. Are you eligible to work in the United States? YES NO
4. Are you a resident of the State of Ohio? YES NO
5. Do you have a valid driver's license and proof
of automobile insurance? YES NO
6. Do you have any relatives who work here? YES NO
7. If yes, what is their relationship? _____
8. Have you ever been issued administrative discipline for misconduct while working within
a community and/or confinement of a prison, jail, lockup community confinement
facility, juvenile facility or any other institution? YES NO

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SECTION II WORK PREFERENCES

Please describe in one (1) or two (2) sentences the type or nature of work you are looking for: _____

Do you need: Full-time work Part-time work No Preference
Are you interested in: Permanent work Seasonal Intermittent Work
 Temporary work No Preference

Are you currently on "lay-off" status and subject to recall? YES NO

What is your minimum salary requirement: _____ Date available to start: _____

SECTION III WORK EXPERIENCE

Please describe your work experience, **BOTH full and part-time employment over the past five (5) years, to include prior public service work**, by completing the following questions. Begin with your **most recent** employer. Use additional paper if necessary.

May we contact your current employer prior to any employment offer with us?
 YES NO

1. Name of Current Employer: _____
Address / City / State: _____
Job Title: _____
Dates Employed – From: _____ To: _____
Beginning Salary - \$ _____ / Hr. Ending Salary: \$ _____ / Hr.
Name of Immediate Supervisor: _____

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Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____

Describe your reason(s) for leaving. _____

2. Name of Employer: _____

Address / City / State: _____

Job Title: _____

Dates Employed – From: _____ To: _____

Beginning Salary - \$ _____ / Hr. Ending Salary: \$ _____ / Hr.

Name of Immediate Supervisor: _____

Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____

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Describe your reason(s) for leaving. _____

3. Name of Employer: _____

Address / City / State: _____

Job Title: _____

Dates Employed -- From: _____ To: _____

Beginning Salary - \$ _____ / Hr. Ending Salary: \$ _____ / Hr.

Name of Immediate Supervisor: _____

Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____

Describe your reason(s) for leaving. _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A
BLANK SHEET OF PAPER TO DO SO.

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SECTION IV EDUCATIONAL EXPERIENCE AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate skills, knowledge, and abilities to perform the job duties of the position.

High School Attended: _____

Address: _____

Did you graduate? _____ High School Equivalent? _____

Courses pertaining to job applied for: _____

Activities, awards, sports, etc.: _____

College or trade school attended: _____

Address: _____

Did you graduate? _____ Degree: _____

Courses pertaining to job applied for: _____

Activities, awards, sports, etc.: _____

Graduate School(s) attended: _____

Address: _____

Dates of Attendance: _____ To: _____

Did you graduate? _____ Degree: _____

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Please use the following space to provide any further information on training, education, skills, abilities, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. _____

SECTION V MISCELLANEOUS

Do you have any commitments which might interfere with or adversely affect your employment with the County? (please EXCLUDE commitments which might indicate race, age, color, religion, sex, national origin, physical handicap, genetics, or military status). YES NO

If yes, please explain: _____

Do you presently have or are you willing to obtain a valid State of Ohio commercial license? (This information will be considered for selection purpose only if such license is required by law to perform the duties of the position for which you are considered)? YES NO

Have you filed an application here before? YES NO

Have you ever been employed here before? YES NO

SECTION VI REFERENCES

Give name, address, and phone number of two (2) job related references:

Name Address Phone

Name Address Phone

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Give name, address, and phone number of two (2) personal references not related to you:

Name	Address	Phone
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Name	Address	Phone
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SECTION VII ADDITIONAL COMMENTS

Please describe below why you would like to work at the W.O.R.T.H. Center: _____

SECTION VIII

To be considered for employment, please return the following information to The W.O.R.T.H. Center:

- Current resume
- Completed W.O.R.T.H. Application for Employment -- Pages 1-8

Please return completed pages 1 – 8 above via mail and to the attention of:

Mr. Brent Burk
Executive Director
W.O.R.T.H. Center
243 East Bluelick Road
Lima, OH 45802

You may drop applications off weekdays, Monday – Friday, 8:00 – 4:30. Please address envelope to the attention of Mr. Brent Burk.

Employees/applicants are dealt with on the basis of performance and qualifications without regard to race, age, color, religion, sex, national origin, disability, genetic or veteran status.

The W.O.R.T.H. Center is an equal opportunity employer.

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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that if any information required in this application or given during any employment interview is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I will be subject to termination, if any information required by this application or given during any employment interview has been falsified or intentionally excluded.

Initials: _____

3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees and pursuant to the Prison Rape Elimination Act (PREA). I also understand and accept that the various law enforcement and informational agencies will exchange information and data with the employer. Therefore, I understand, and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background and give authorization to the employer to conduct such background check in order to determine my fitness for duty.

Initials: _____

4. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____

5. This application will be considered active for 12 months from the date filed. If you are hired, it will become part of your official employment record.

Initials: _____

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6. I acknowledge that the employer is a community based correctional facility (CBCF) and is required to fully comply with the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ANY STATEMENTS OR INFORMATION PROVIDED BY ME DURING ANY EMPLOYMENT INTERVIEW. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH WESTERN OHIO REGIONAL TREATMENT AND HABILITATION CENTER MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature

Date

Notarized by

Date

OHIO DEPARTMENT OF REHABILITATION AND CORRECTION
The Western Ohio Regional Treatment and Habilitation Agency

PRISON RAPE ELIMINATION ACT

BACKGROUND CHECK AUTHORIZATION

Pursuant to the Prison Rape Elimination Act, the Ohio Department of Rehabilitation and Correction (ODRC) is required to take certain steps to insure compliance with the law with respect to those who may have contact with inmates. Specifically, pursuant to 28 CFR 115.17 (e):

The Agency shall either conduct criminal background record checks at least every five (5) years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

I hereby acknowledge the requirement for ODRC to conduct a criminal background record check and authorize any duly authorized agent of ODRC to conduct the criminal background record check as required by law. I understand that The Allen County Sheriff's Office will process background record checks for the W.O.R.T.H. Center, as an authorized agent of the ODRC. I understand that all materials pertaining to this background check become the property of ODRC and will not be returned to me but will be maintained in a secure manner in accordance with applicable law and policies.

This authorization shall remain valid for the duration of my employment with the ODRC agency, the W.O.R.T.H. Center. A photocopy of this authorization form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Last Name: _____ First Name: _____ Middle Name: _____

Social Security No: _____

Street Address: _____ City: _____

County: _____ State: _____ Zip: _____

Driver's License No. _____ Phone Number: _____

Place of Birth: _____ (county or city, state, country)

Sex: _____ Race: _____

Date of Birth (m/d/y): _____