

EMPLOYMENT APPLICATION

CORRECTIONS CENTER OF NORTHWEST OHIO

03151 County Road 24.25
Stryker, Ohio 43557-9418

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT OR TYPE

For Admin Use Only
Abra Trak #:
Abra #:

Date of Application: _____

Position Applied For (Correctional Officer, Clerical, etc.): _____

Please Note: You must complete a separate application for each position applying for.

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		E-mail Address	Social Security Number
Home _____	Work/Other _____		

How Did You Learn About Us?	Are you currently employed?	Are you 21 years of age or older?
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Are you prevented from lawfully becoming employed in the U.S.A. because of Visa or Immigration Status? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with us before?	Are you currently laid off And subject to recall?	<i>(Proof of citizenship or immigration status will be required upon employment.)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO If so, when: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have a valid Ohio Drivers License?	Do you speak Spanish?	Have you been convicted of a crime including criminal traffic violations?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by the state of Ohio or a county in Ohio?	Are you physically or otherwise able to perform essential job functions of the job for which you are applying as outlined in the job description with or without accommodation?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT EXPERIENCE:

Please list your employment history, assignments or volunteer activities starting with your most recent or current position. Please use additional paper if required.

Employer Name	Dates Employed		Summarize essential job functions performed and skill sets utilized:
Telephone (include area code)	From	To	
Job Title			
Street Address	Hourly Rate/Salary		
City State Zip	Starting	Final	
Supervisor & Title			
Reason for Leaving			
Employer Name	Dates Employed		Summarize essential job functions performed and skill sets utilized:
Telephone (include area code)	From	To	
Job Title			
Street Address	Hourly Rate/Salary		
City State Zip	Starting	Final	
Supervisor & Title			
Reason for Leaving			
Employer Name	Dates Employed		Summarize essential job functions performed and skill sets utilized:
Telephone (include area code)	From	To	
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Street Address	Hourly Rate/Salary		
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Reason for Leaving			
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Telephone (include area code)	From	To	
Job Title			
Street Address	Hourly Rate/Salary		
City State Zip	Starting	Final	
Supervisor & Title			
Reason for Leaving			

EDUCATION:

Do you have a high school diploma or GED equivalent? _____

Yes _____ No _____

(Proof of diploma and/or GED will be required prior to employment)

College or University Attended	Years Completed	Degree	Course of Study

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received: _____

TRAINING AND OTHER QUALIFICATIONS

If applying for a clerical position: Typing Speed: _____ cwpm

If you have any TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as part of your education as described above):

Type of Training	Organization	Length of Training	Subject(s) Covered

Please note: You will be asked to provide documentation relative to the successful completion of the training described above prior to employment.

Professional, Trade, Business or Civic Activities and Offices Held:

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry or handicap or other protected status.

Have you ever been in the United States Military? _____

Yes _____ No _____

Branch? (please circle) Air Force Army Navy Marines Other

(Please note that a copy of your DD214 will be required prior to employment as proof of military time and training)

REFERENCES:

Please list the names and telephone numbers of six individuals, other than relatives, whom we may contact for a recommendation.

PERSONAL		PROFESSIONAL	
Name	Telephone Number	Name	Telephone Number

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand, also, that I am required to abide by all rules and regulations of the employer.

It is a condition of employment by CCNO that employees be free from the effects of mind-altering substances, including alcohol and drugs, while on the premises. The purpose of this requirement is to adhere to our Mission Statement. To achieve an environment free from persons under such influence, CCNO will require as a condition of employment that each applicant submit to such testing as CCNO may require including, but not necessarily limited to, blood and urine testing. This testing shall be done through an agent of CCNO. All test material and results are the property of CCNO.

Shift work is required for many positions available at CCNO. Overtime may be required with little or no advance notice.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges and universities which I attended or past employers, or law enforcement agencies, from disclosing any knowledge or information relevant to my employment background and/or criminal history. I hereby consent that they may disclose such knowledge or information to the Corrections Center of Northwest Ohio.

SIGNATURE OF APPLICANT _____

STATE OF _____)

)

APPLICANT SSN _____ - _____ - _____

COUNTY OF _____)

Subscribed and sworn to, or affirmed, before me according to law, by the above named applicant this _____ day of _____, _____.

Notary Public

My Commission Expires:

Seal

CORRECTIONS CENTER OF NORTHWEST OHIO

AA/EEO Status Declaration

Please Print Full Name: _____

Social Security Number: _____ Date: _____

PURPOSE:

The Corrections Center of Northwest Ohio must comply with certain reporting requirements established by the Equal Employment Opportunity Commission and the Office of Federal Contract Compliance. To assure full compliance with our policy on nondiscrimination and affirmative action, it is important that each applicant/employee's description be complete and accurate. No usage of these descriptions shall be made other than for reporting as required by government agencies.

Information regarding disabled applicants/employees and disabled veterans will be kept confidential except that supervisors and managers may be informed regarding restrictions of work or duties. First aid personnel may be informed when to the extent appropriate, a condition might require emergency treatment, and government officials investigating compliance with appropriate laws will be informed.

SELF IDENTIFY DESCRIPTIONS:

Veteran/Disabled Status

Vietnam Era Veteran – If you served on active duty for a period of more than 180 days, any part of which occurred during August 5, 1964 to May 7, 1975 and were discharged or released from active duty prior to December 31, 1991 with other than a honorable discharge.

Disabled Veteran – If you are entitled to disability compensation administered by the Dept. of Veteran Affairs for a disability rating of 30 percent or more, OR, if you were released or discharged from active duty for a disability incurred or aggravated in the line of duty.

Disabled – If you have a physical or mental impairment which substantially limits one or more of your major life activities; if you have a record of such an impairment; or if you are regarded as having such an impairment.

Race/Ethnic Origin

Asian/Pacific Islander – All persons having origins in any of the peoples of the Far Southeast Asia, or the Pacific Islands. This area includes China, Japan, Korea, Philippine Islands, Samoa and the Indian Subcontinent.

African American – (Not of Hispanic origin) All persons having origins in any of the Black racial groups.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

American Indian/Alaskan Native – Persons having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

Caucasian/White – All persons having origins in any of the original peoples of Europe, North Africa and the Middle East.

PLEASE CHECK THE APPROPRIATE SELF IDENTIFY DESCRIPTIONS:

Veteran/Disabled Status:

- Vietnam Era Veteran
- Disabled Veteran
- Disabled

Race/Ethnic Origin:

- Asian/Pacific Islander
- African American
- Hispanic
- American Indian/Alaskan Native
- Caucasian/White

CORRECTIONS CENTER OF NORTHWEST OHIO

Request for
Computerized Criminal/Traffic History Check (CCH)



Subject's Name (Last, First, Middle)		Current Address			
Maiden Name/Other Names Used		Previous Address			
Home Phone Number	Work Phone Number		Social Security Number		
Date of Birth (Month, Day, Year)	Race	Sex	Height	Weight	

I hereby authorize and request that any criminal justice agency release **ANY/ALL** information concerning myself from their Criminal/Traffic Records to the Corrections Center of Northwest Ohio. I understand such information may include ANY CONVICTIONS, PRIOR ARRESTS, CHARGES CLEARED, AND/OR PENDING WITHIN ANY JURISDICTION KNOWN TO THE CORRECTIONS CENTER OF NORTHWEST OHIO. I further understand that such information may not be released without my signature.

Witnessed and signed before me this
_____ day of _____, _____.

Signature of subject to be checked

Date

My Commission Expires _____

Signature of NCIC/LEADS Operator

Date

Signature of Notary Public

To Be Completed by CCNO

Received By (Signature)

Date

(Staff receiving form must check the appropriate box below)

- | | |
|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Religious Program |
| <input type="checkbox"/> Medical Department | <input type="checkbox"/> AA Programs |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Drug Programs |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Other _____ |

Director of Security & Operations

Date

Approved

Disapproved