

# TASC of Southeast Ohio

Bridging the gap between the justice and treatment community

This agency is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, veteran status, religion, national origin, or disability.

**Please type or print responses to all of the questions contained on the entire application form. Use additional paper for any section if necessary. Applicants may attach a resume to this document, but must complete this application for employment to be considered.**

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Previous 7 years Address(es):

Street	City	County	State	Zip Code
Street	City	County	State	Zip Code
Street	City	County	State	Zip Code

## GENERAL:

Are You an Adult? Yes  No

For what position(s) are you applying? \_\_\_\_\_

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position? Yes  No

If yes, please explain. \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? Yes  No  Person to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

If we cannot inquire of your present employer, please explain why: \_\_\_\_\_

Are you on layoff and subject to recall? Yes  No

If employed, does your employment require you to continue working for your current employer, or restrict your activities after leaving your current employment, for any period of time? Yes  No  If yes, until what date? \_\_\_\_\_

Are you prevented from becoming lawfully employed in the USA because of VISA or Immigration Status? Yes  No  (Proof of citizenship or immigration status is required by federal law upon employment.)

Do you possess a valid Driver's License? Yes  No  Valid Commercial Driver's License Yes  No  State of Issuance \_\_\_\_\_ Number \_\_\_\_\_ If no, can you obtain an appropriate valid license prior to employment? Yes  No

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If the position you are applying for requires travel, can you supply your own transportation? Yes  No

Have you been issued any other license, registration and/or certificate relating to the job(s) for which you are applying? Yes  No  If so, identify, indicate the field or area of specialization, the license/certification number, and when it expires. \_\_\_\_\_

Are you a resident of Ohio? Yes  No  If not, are you willing to become a resident upon employment? Yes  No

Are you a veteran of the U.S. Military service? Yes  No  If yes, what branch? \_\_\_\_\_

Have you been convicted of a felony? Yes  No  If yes, describe \_\_\_\_\_  
(A conviction record will not necessarily be a bar to your employment. Factors such as the age and type of offense, the seriousness and nature of the violation, and your rehabilitation will be taken into account.)

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

## EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Failure to include all employment may be grounds for disqualification. Use additional paper if necessary.

<u>Date</u> <u>Month &amp; Year</u>	<u>Name &amp; Address</u> <u>of Employer</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From _____ To _____ Salary _____	_____	_____	_____
From _____ To _____ Salary _____	_____	_____	_____
From _____ To _____ Salary _____	_____	_____	_____
From _____ To _____ Salary _____	_____	_____	_____

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## EDUCATION AND TRAINING

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

<u>School</u>	<u>Name &amp; Location</u>	<u>Did You Graduate?</u>	<u>Subjects Studied</u>
High School	_____	_____	_____
Trade, Business, or Technical School	_____	_____	_____
College	_____	_____	_____
Other Special Study or Research Work	_____	_____	_____

REFERENCES: Give the names of three persons not related to you whom you have known at least one (1) year.

<u>Name</u>	<u>Address &amp; Phone No.</u>	<u>Relationship &amp; Years Acquainted</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please use the following space to provide any further information on training, education, certifications, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. Include special equipment and machines you can operation, name of computer software in which you have skill, and/or other relevant skills and abilities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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.

## APPLICANT'S CERTIFICATION AND AGREEMENT

### Please Read This Statement Carefully

1. I understand and accept that, depending upon the position for which I am applying, if I am employed by this agency, my employment may be for no definite period of time and may be terminated, with or without cause or notice at any time, at the option of either this agency, or myself. I understand that no representative of this agency, other than the Executive Director, has any authority to enter into any agreement or to make any agreement with me contrary to the foregoing.  
Initials: \_\_\_\_\_
2. I understand and accept that, if I am selected for employment, my initial and continued 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: \_\_\_\_\_
3. If employed, I understand and accept that, depending on the unit and/or location for which I am applying for employment, I may be required to work evening or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of this agency.  
Initials: \_\_\_\_\_
4. I understand and accept that if any information required in this application 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 this agency, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.  
Initials: \_\_\_\_\_
5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I understand that the employer may use screening procedures to evaluate my qualifications and suitability for employment, including but not limited to interviews, criminal records checks, driving records checks, polygraph examination, written testing, reference checks, background investigations, psychological evaluations, and drug testing. I also acknowledge that I may be subject to other screening procedures not specifically listed above, and are a prerequisite to my appointment.  
Initials: \_\_\_\_\_
6. 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: \_\_\_\_\_

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. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug abuse, or alcohol abuse. Therefore, in consideration of my employment application being reviewed and considered by this agency, I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and hold harmless this agency and any of its agents, employees, appointing authorities, related officials from any and all liability, whatever type and nature, resulting from the administration of any such screening procedures and/or release of the results therefrom.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

RACIAL AND ETHNIC CATEGORIES:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

HIRED: Yes  No

POSITION \_\_\_\_\_

DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_

SHIFT \_\_\_\_\_