

APPLICATION FOR EMPLOYMENT
with the
WESTERN OHIO REGIONAL TREATMENT AND HABILITATION CENTER
ATTN: MIMI ZARZAR
W.O.R.T.H. CENTER
P.O. BOX 5305
LIMA, OHIO 45802

An Equal Opportunity Employer

Please fill out the following employment application form completely and accurately. Please use a pen and print clearly.

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SECTION I PERSONAL INFORMATION

NAME: _____
LAST
FIRST
MIDDLE INT.
SOCIAL SECURITY NO.

STREET ADDRESS
CITY
STATE
ZIP CODE
COUNTY

PHONE: () _____ () _____

HOME

WORK

(OPTIONAL)

Are you at least 18 years old? Yes _____ No _____

If under 18, can you obtain a work permit? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

Have you ever been convicted of felony? Yes _____ No _____

Do you have a valid Driver's License with proof of Automobile Insurance. Yes _____ No _____

Do you have any relatives who work here? Yes _____ No _____

If yes, what is their relationship to you? _____

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SECTION II WORK PREFERENCES

Please describe in one or two sentences the type or nature of work you are looking for. _____

Do you need: Fulltime work _____ No preference _____
 Part-time work _____

Are you interested in: Permanent work _____ Temporary work _____
 Intermittent work _____ Seasonal work _____
 No preference _____

What is your minimum salary requirement: _____

Date available to start: _____

SECTION III WORK EXPERIENCE

Please describe your work experience (be sure to include United States military experience or prior public service work) by completing the following questions. Begin with your most recent employer. Use additional paper if necessary.

May we contact these employers for references? Yes _____ No _____

Employer's Name: _____	Dates Employed: From _____	Your Job Title: Beginning: _____
Street Address/City/State _____ -	Month / Year _____ To _____	End: _____ Salary _____
Supervisor's Name _____	Month / Year _____	Beginning _____ per hour End _____ per hour

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

Describe your reason(s) for leaving. _____

Employer's Name: _____	Dates Employed: From _____	Your Job Title: Beginning: _____
Street Address/City/State _____ -	Month / Year _____ To _____	End: _____ Salary _____
Supervisor's Name: _____	Month / Year _____	Beginning _____ per hour End _____ per hour

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

Describe your reason(s) for leaving: _____

Employer's Name: _____	Dates Employed: From _____ Month / Year	Your Job Title Beginning: _____ End: _____ Salary
Street Address/City/State _____	To _____ Month / Year	Beginning _____ per hour End _____ per hour
Supervisor's Name: _____		

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

Describe your reason(s) for leaving: _____

Employer's Name: _____	Dates Employed: From _____ Month / Year	Your Job Title Beginning: _____ End: _____ Salary
Street Address/City/State _____	To _____ Month / Year	Beginning _____ per hour End _____ per hour
Supervisor's Name: _____		

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

Describe your reason(s) for leaving: _____

SECTION IV EDUCATIONAL EXPERIENCE AND TRAINING

Please circle the last Year of formal education you have completed: 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 5 6 7 8

Technical School 1 2 3 4

Others (please describe):

Name and location of school attended _____

If a graduate, please state degree(s) _____

Please describe the courses you took or technical training you have received from school which you feel would help you perform the job for which you are applying: (include special machines or equipment you operate, hobbies, or volunteer work projects which have taught you qualifying skills, etc.)

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SECTION V MISCELLANEOUS

Do you have any commitments which might interfere with or adversely affects your employment with the County? (exclude commitments which might indicate race, age, color, religion, sex, national origin, or physical handicap)

Yes _____ No

If yes please explain _____

Do you presently have or are you willing to obtain a valid State of Ohio Chauffeur's license? (This information will be considered for selection purposes only if such licensure 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

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

 NAME ADDRESS PHONE

 NAME ADDRESS PHONE

Give name, address and phone number of two (2) personal references.

 NAME ADDRESS PHONE

 NAME ADDRESS PHONE

"NOTICE: PLEASE NOTARIZE SECTION BELOW"

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 understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

 Applicant's Signature

 Date

Subscribed and duly sworn before me according to law by the above named applicant this _____ day of _____, 20____ at _____ City County of _____, State of Ohio.

Signature of Officer _____
 Notary Public

My Commission expires _____

Application Completion Date: _____

Revised 11/1/2004

WESTERN OHIO REGIONAL TREATMENT AND HABILITATION CENTER
RELEASE FOR CRIMINAL AND DIVISION OF MOTOR VEHICLES RECORDS

NAME _____ (MAIDEN) _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

"NOTICE: PLEASE HAVE A WITNESS SIGNATURE"

I hereby authorize the release of any information in my name or file including any criminal record or motor vehicle record to the W.O.R.T.H. Center to be used for employment purposes.

Applicant's Signature

Witness Signature

Date

Date

Applicant: Do not write below this line.

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CRIMINAL RECORD VERIFICATION

County:

<u>Criminal Records Check:</u> <input type="checkbox"/> Nothing found on file. <input type="checkbox"/> Incident(s) found on file:	<u>Motor Vehicle Records Check:</u> <input type="checkbox"/> Nothing found on file. <input type="checkbox"/> Incident(s) found on file:

Signature of Officer

Date

WESTERN OHIO REGIONAL TREATMENT AND HABILITATION CENTER
243 E. Bluelick Road, P.O. BOX 5305
Lima, Ohio 45802

AUTHORIZATION TO RELEASE INFORMATION

I _____, hereby authorize the release of information
to: WESTERN OHIO REGIONAL TREATMENT AND HABILITATION CENTER
(Name of Person or Organization Receiving Information)

INFORMATION REQUESTED:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Employment Records | <input checked="" type="checkbox"/> Criminal History Records |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Social/Personal History |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Complete Record |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Admission Record |
| <input type="checkbox"/> Psychological | <input checked="" type="checkbox"/> DD 214 (if applicable)
Copy 1 if available |
| <input type="checkbox"/> Other: Please specify | |

FOR THE PURPOSE OF:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Background Information | <input checked="" type="checkbox"/> Employment |
| <input type="checkbox"/> Further Assessment | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Advisement of Current Situation | <input type="checkbox"/> Continuity of Treatment |
| <input type="checkbox"/> Other: Please specify | |

"NOTICE: PLEASE HAVE A WITNESS SIGNATURE"

Please Read Before Signing Below:

Authorization to release information will automatically expire ninety (90) days after the date of the authorization unless an earlier day, event, or condition is specified. This information is not to be re-leased. Consent for release of information can be revoked at anytime, except to the extent that disclosure has already been made. The following revocation of consent is signed and dated.

Signature Date

Witness Date

I hereby revoke my consent for release of information. I understand that further release of information shall cease immediately.

Signature Date

Witness Date