

# LORAIN COUNTY DOMESTIC RELATIONS COURT

Received by: Date:

# ANSWER ALL QUESTIONS ON THIS APPLICATION – DO NOT WRITE "SEE RÉSUMÉ"

## EQUAL EMPLOYMENT POLICY

The Lorain County Domestic Relations Court provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

compensation, and training.									
PERSONAL INFORMATION									
LAST NAME I		FIRST NAME			MAIDEN NAME/ALIAS		MIDDLE INITIAL		
HOME ADDRESS		Сіту					STAT	Е	ZIP
PRIMARY PHONE	SECO	NDARY PHO	NE	EMAIL A	DDRE	ESS			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?   YES OR  NO		DO YOU HAVE A VALID DRIVER'S LICENSE?    YES OR    NO  DRIVER'S LICENSE NUMBER: (INCLUDE STATE OF ISSUANCE IF NOT OHIO.)					□No		
* HAVE YOU HAD MORE THAN 2 HAVE YOU APPLIED FOR ANOTHER POSITION WITH THE COURT WITHIN THE LAST YEAR? □YES OR □NO  IF YES, WHAT POSITION?									
DO ANY OF YOUR RELATIVES WORK FOR THE COURT?    YES  NO  IF YES, LIST NAME(S) AND HOW YOU ARE RELATED									
POSITION APPLYIN	G FOR:								
DEPARTMENT:	DEPARTMENT: EXPECTED SALARY:								
		EDUCATION	N, CERT	IFICATION	IS AN	D LICENSES			
NAME OF SCHOOL S		SELECT	SELECT LAST YEAR		TY	PE OF DEGR	<u>EE</u>	MAJOR AREA OF STUDY	
AND LOCATION		<u>COMPLETED</u>		<u>C</u>	OR DIPLOMA	<u>\</u>	1.22 WORLTHICH OF BIODI		
HIGH SCHOOL		□9 □10 GRADUATE?							
College		$\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ GRADUATE? $\Box YES$ $\Box NO$							
U.S. MILITARY									
CERTIFICATIONS/LICENSES									
EMPLOYMENT HISTORY									
Present/Most Recent Employer Address									
	DATE ENDED	JOB TITLE					Рн	ONE NUMBER	
REASON FOR SEPARATION									
Duties Performed									
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR						MAY WE C	CONTACT THIS EMPLOYER?		
									ZES □NO

## APPLICANT:

EMPLOYER		ADDRESS					
DATE STARTED	DATE ENDED		JOB TITLE		Рно	NE NUMBER	
REASON FOR SEPARATION							
DUTIES PERFORMED							
DOTIES I EXPONMED							
NAME, TITLE, AND PHONE N	NUMBER OF IMMEDIA	TE SUPER	VISOR			MAY WE CONTACT THIS EMPLOYER?	
						□YES □NO	
EMPLOYER		Addre	SS				
DATE STARTED	DATE ENDED		JOB TITLE		Рно	NE NUMBER	
REASON FOR SEPARATION							
DUTIES PERFORMED							
NAME, TITLE, AND PHONE N	NUMBER OF IMMEDIA	TE SUPER	VISOR			MAY WE CONTACT THIS EMPLOYER?	
						□YES □NO	
EMPLOYER		Addre	SS				
DATE STARTED	DATE ENDED		JOB TITLE		Рнс	NE NUMBER	
December 1							
REASON FOR SEPARATION							
Duties Performed							
NAME, TITLE, AND PHONE N	NUMBER OF IMMEDIA	TE SUPER	VISOR			MAY WE CONTACT THIS EMPLOYER?	
					□YES □NO		
REFERENCES							
	LICT 2 DD	OFFGG	IONALI		р то х	ZOLI	
				REFERENCES THAT ARE NOT RELATE			
	PERSONAL RI	EFERE	NCES W	TILL BE ACCEPTED IF LIMITED WORK	EXPE	RIENCE.	
NAME				RELATIONSHIP & YEARS KNOWN		PHONE NUMBER	

#### APPLICANT:

	ADDITIONAL INFORMATION
	List skills, interests, languages spoken or read, licenses, certifications, gaps in employment, etc., you feel is important for the position in which you are applying.
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OV IE IF OF	TIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY WLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR EDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I AUTHORIZE ALL PERSONS, SCHOOLS, PANIES, AND GOVERNMENT AGENCIES TO GIVE LORAIN COUNTY DOMESTIC RELATIONS COURT ANY AND ALL RMATION CONCERNING MY BACKGROUND, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.
	ONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE LORAIN COUNTY DOMESTIC RELATIONS AND

Signature of Applicant

Date

All offers of employment are contingent upon the applicant's successful completion of a background check. Applicants for employment will be required to submit to fingerprinting, BMV, and a criminal background check. The following types of employee background checks may also be performed: prior employment verification; personal and professional references; educational verification; BCI (Ohio Bureau of Criminal Investigation); BMV; LEADS report; and OCN (Ohio Court Network). Applicants whose employment includes working with juveniles will also be required to submit to a drug screen, an Ohio Central Registry check, and will be required to complete complete a risk-management screen (Diana Screen). Please note, Lorain County Domestic Relations Court is a Drug free workplace which prohibits the use of marijuana (recreational marijuana/non-medical cannabis).

\*I understand that I must be insurable under the Lorain County Commissioners' Drivers Risk Reduction Policy. If I am not insurable under the Policy, I will be ineligible for employment.

Department Name:	
Start Date:	

# **RELEASE OF INFORMATION**

release to the County of Lorain, Ohio, u medical history, or other information reg	Maiden Name Maiden Name metal agency, bureau of motor vehicles, military age pon their request a copy of any report, document, regarding my character, integrity, and reputation. Fursame effect as though it were the original.	ecord, criminal record,
Signature	Driver's License Number	
Address		
City, State, Zip Code		
Date of Birth*		
Telephone Number		

\*Date of Birth is optional; however, it may affect the credibility of your background check.

#### APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED

I certify that all 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 it may be necessary in to determine an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means 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 an authorized executive of this organization specifically acknowledges such change in writing.

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 that I am required to abide by all rules and regulations of the Employer.

It is a condition of employment by the Lorain County Domestic Relations Court, herein referred to as LCDRC, is a drug-free workplace which prohibits the use of marijuana (recreational/non-medical cannabis). To achieve an environment free from persons under such influence, LCDRC may require, as a condition of employment, that each applicant submit to such testing as LCDRC may require including, but not limited to, saliva, urine and breathalyzer testing. This testing shall be done though an agent of LCDRC and all test material and results are the property of LCDRC.

If the position I am employed for requires shift work, LCDRC may assign my shift as required to meet the needs of the LCDRC. Mandated coverage or overtime is an essential function of certain positions and may be required with little or no advance notice, and is not subject to refusal.

I solemnly swear or affirm that the answers and information I have made to each and all of the questions in this application are 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, universities and other educational institutions which I attended and past or present employers, military services, or law enforcement agencies, from disclosing any knowledge or information relevant to my employment background and/or traffic violations and criminal history. I hereby consent that they may disclose such knowledge or information to the Lorain County Domestic Relations Court or their designee to the fullest extent of their knowledge or information available.

	Date:
Signature	Dutt

The Lorain County Domestic Relations Court must comply with periodic reporting requirements on sex, ethnicity, disability and veteran status established by the Equal Employment Opportunity Commission and the Office of Federal Contract Compliance. Submission of this form is voluntary, however, in order to assure full compliance with our policy regarding nondiscrimination and affirmative action, it is important that each applicant/ employee's description be complete and accurate. This data is for analysis and affirmative action only. The information provided will remain confidential and will be kept separate from the application for employment.

Position Applying For:	Date:	
Applicant's Full Name:		
Social Security Number:		
Please check the appropriate self-identifyin	g descriptions:	
VETERAN/DISABLED STATUS:	RACE/ETHNIC ORIGIN:	
Vietnam Era Veteran	Asian/Pacific Islander	African American
Disabled Veteran	Caucasian/White	Hispanic
Disabled	American Indian/Alaskan Native	

## **VETERAN/DISABLED STATUS DESCRIPTIONS:**

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 an honorable discharge.

DISABLED VETERAN – If you are entitled to disability compensation administered by the Department of Veteran Affairs for a disability rating of 30% 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 having such an impairment; or if you are regarded as having such an impairment.

### **RACE/ETHNIC ORIGIN DESCRIPTIONS:**

ASIAN/PACIFIC ISLANDER – All persons having origins in any of the peoples of Far Southeast Asia or the Pacific Islands. This area includes China, Japan, Korea, Philippine Islands, Samoa, and/or 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; and/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.