

MONTGOMERY COUNTY COMMON PLEAS COURT JUVENILE COURT

Court Administration
380 W. Second Street
Dayton, OH 45422
Phone (937) 496-7373; Fax (937) 496-7756



APPLICATION FOR EMPLOYMENT

1. Name: _____
Last First Middle
2. Address: _____
Street City County State Zip
3. Telephone Number: Primary: _____ Alternate: _____
4. Position (s) applying for (by order of preference): (1) _____ (2) _____ (3) _____
5. When would you be available if offered a position? _____
6. Are you applying for: Full-time Employment _____ Part-time Employment _____
7. Have you worked for Montgomery County, the State of Ohio, or any political subdivision before?
Yes _____ No _____ If yes, when? _____ If yes, what department? _____
8. Do you have any relatives currently employed by Montgomery County? Yes _____ No _____
If yes, what department? _____
9. Are you 18 or over? Yes _____ No _____
10. How did you hear about this position(s)? _____
11. Are you capable of performing the material & substantial duties of the position(s) that you are applying for with or without reasonable accommodation? Yes _____ No _____
12. Do you meet the minimum qualifications for the position(s) for which you are applying? Yes _____ No _____

13. EMPLOYMENT HISTORY

List present and past employment for the past 10 years, beginning with the most recent and include periods of unemployment. In addition, list any other RELEVANT experience PRIOR to the last 10 years. (If you need more room, use a separate sheet of paper.) A resume is both welcomed and encouraged in addition to completion of this application. It will become an official part of the application, but may not be substituted for any part of this application.

- A. Employer Name: _____ Salary: _____
- Employer Address: _____
Street City State Zip Code
- Supervisor's Name: _____ Supervisor's Telephone Number: _____
- Your Title: _____ Dates employed (mo/yr): From: _____ To: _____
- Your Job Duties: _____

- Reason for leaving: _____
- May we contact? Yes _____ No _____

B. Employer Name: _____ Salary: _____
Employer Address: _____
Street City State Zip Code
Supervisor's Name: _____ Supervisor's Telephone Number: _____
Your Title: _____ Dates employed (mo/yr): From: _____ To: _____
Your Job Duties: _____
Reason for leaving: _____
May we contact? Yes _____ No _____

C. Employer Name: _____ Salary: _____
Employer Address: _____
Street City State Zip Code
Supervisor's Name: _____ Supervisor's Telephone Number: _____
Your Title: _____ Dates employed (mo/yr): From: _____ To: _____
Your Job Duties: _____
Reason for leaving: _____
May we contact? Yes _____ No _____

14. **COMPUTER SKILLS:**

Proficiency Level: Basic _____ Intermediate _____ Advanced _____ WPM Typed _____
Word Processing Software: _____
Other PC Applications: _____

15. **LICENSURE and CERTIFICATIONS:** List any professional licensure(s) or certification(s).

Type: _____ State: _____ Number: _____
Type: _____ State: _____ Number: _____

16. Do you have a valid driver's license? Yes _____ No _____ State _____

17. Social Security Number: _____

18. **EDUCATION**

High School Attended _____ Grade Completed: 7 8 9 10 11 12
City/State _____ Graduated or GED? _____
Are you currently enrolled in school? _____ Part-time _____ Full-time _____
Name of Institution _____

EDUCATION (CONTINUED)

	Years Attended	Number of Years Completed	Did You Graduate?	Course of Study	Give types of degree, credits earned, or other documents awarded.
College _____ (undergraduate) _____ City State					
College _____ (graduate) _____ City State					
College _____ (other) _____ City State					

19. TRAINING AND OTHER QUALIFICATIONS

List any training relevant to the position for which you are applying, other than in an academic setting. Include the type of training, subjects covered, length, and organization that provided the training.

Please explain any additional knowledge, skills, or abilities which may be of a qualifying nature or helpful in establishing your eligibility. Include projects, awards, hobbies, community or volunteer activities, etc.

20. PROFESSIONAL REFERENCES

Name & Title: _____

Company: _____

Address: _____

Phone Number: _____

Name & Title: _____

Company: _____

Address: _____

Phone Number: _____

Name & Title: _____

Company: _____

Address: _____

Phone Number: _____

Name & Title: _____

Company: _____

Address: _____

Phone Number: _____

21. **DISCLOSURES**

A. **CONVICTION DISCLOSURE & PRISON RAPE ELIMINATION ACT DISCLOSURE**

All applicants please be advised that if the position for which you are applying will bring you into contact with any juvenile detainees, pursuant to 29 C.F.R. §115.317, you are not eligible for employment if you: (1) have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) have been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

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22. **PLEASE NOTE:** Montgomery County hires only United State citizens and aliens lawfully authorized to work in the United States. Verification of identity and work authorization will be required if hired as a condition of employment. All positions, because of the nature of the work, require pre-employment drug/alcohol screening tests and/or periodic physical examination.

ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT

As an applicant for employment with the Common Pleas Court of Montgomery County, Juvenile Division, I understand and agree that the County may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator and police record investigations.) I hereby release you, your organization or others from any liability or damages, which may result from the exchange of the information requested. I also certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand a false answer or material omissions may be grounds for dismissal from employment with Montgomery County.

Signature

Date

AN EQUAL OPPORTUNITY EMPLOYER