

Northwest Ohio Juvenile Detention, Training & Rehabilitation Center

Employment Application

The Northwest Ohio Juvenile Detention, Training and Rehabilitation Center (NWOJDT&RC) considers all applicants for employment in the facility for all positions without regard to race, color, national origin, sex, religion, age, disability, military status, or genetic information in employment or the provision of services.

(PLEASE PRINT)

Position(s) applied for:				Date of Application		
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Telephone Number ()		Cell Number ()		E-Mail Address		

Are you at least 21 years of age? Yes No

Have you been employed with us before? Yes No
 If Yes, Give Date _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment offer.

On what date would you first be available for work? _____

Are you available to work Fulltime Part time Intermittent (on call)

Are you currently on "Layoff" status and subject to recall? Yes No

Can you meet the job requirements for regular and punctual attendance? Yes No

Have you ever been convicted of a crime? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If Yes, Explain _____

Give name, **complete address** and telephone number of five (5) references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____
4. _____
5. _____

	Elementary	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extracurricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Have you ever had any job related training in the United States military? Yes No

If yes, please describe _____

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status:

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

This job requires shift work. Can you work any shift? Yes No

Can you work overtime if it is required of you? Yes No

Start with your present or last job. All previous employers must be listed.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

If you need additional space, please continue on back of this sheet.

The NWOJDT&RC is an employment-at-will employer, meaning that it can terminate an employee's employment at any time with or without just cause. We reserve the right to change an employee's compensation at any time for any reason, regardless of whether or not the employer has just cause to do so. We also reserve the right to change the terms and conditions of an employee's employment at any time. Any other agreements made with an employee are superseded by the agreements made on the application and no one other than the Superintendent of Detention or the District Board of Trustees as a whole can make any binding agreement with an employee; and even then the agreement must be in writing. Your signature below grants permission to the NWOJDT&RC to perform whatever background investigation checks it deems appropriate. It also grants permission to all parties to release reference information to the NWOJDT&RC, as well as for the employer itself, should it ever later release information regarding this employee to anyone in the future, and provides a release of liability for anyone providing this reference information, as well as for the NWOJDT&RC itself, should it ever later release information regarding you to anyone in the future. The applicant releases all parties from liability and agrees to take any medical, drug or chemical test required by the employer at any time throughout the applicant's employment with the employer, or before, upon request. This application "Agreement" states that this is in fact the "supreme" and only agreement between the two parties, and if an employee is made an offer of employment, and if an employee does accept this offer of employment, then part of the wages paid to the employee for showing up to work on first day of employment will serve as sufficient consideration to bind this agreement. Therefore, this agreement only takes affect if an employee is hired, accepts and shows up for work on his/her first day of employment. Furthermore, your signature below is verification that all of the information provided on the application is true, and that any false information provided will be grounds for dismissal. This application for employment shall be considered active for a period of time not to exceed 180 days.

Signature of Applicant

Date

VOLUNTARY SURVEY

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employers. This data is for statistical analysis with respect to the success of the Affirmative Action program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

<input checked="" type="checkbox"/> Complete Only The Sections Below That Have Been Checked				
	Current Job			
	Check One of the Following: (Ethnic Origin)	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
	Check If Any Of The Following Are Applicable	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual
	Birthdate			

Interviewed By

Date

HIRED: YES NO POSITION _____ DEPT. _____
SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED _____

SUPERVISOR

ASST SUPERVISOR

NORTHWEST OHIO JUVENILE DETENTION, TRAINING
AND REHABILITATION CENTER


URINALYSIS CONSENT FORM

THE POLICY AND PROCEDURES OF THE NW OHIO JUVENILE DETENTION, TRAINING & REHABILITATION CENTER REQUIRE THAT ALL POTENTIAL EMPLOYEES SUBMIT THEMSELVES TO A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST. IN THE EVENT THE TEST SHOWS POSITIVE, THE PROSPECTIVE EMPLOYEE MAY ASK THAT FURTHER TESTING BE DONE IN AN EFFORT TO IDENTIFY THE PARTICULAR DRUG WHICH SHOWS POSITIVE FROM THE FIRST TEST. ADDITIONAL TESTING WILL BE DONE FROM THE SPECIMEN TAKEN DURING THIS PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING.

I, THE UNDERSIGNED APPLICANT, SEEKING EMPLOYMENT WITH THE NW OHIO JUVENILE DETENTION, TRAINING & REHABILITATION CENTER, HAVE READ OR HAVE HAD THE ABOVE READ TO ME AND I DO UNDERSTAND THE CONTENTS OF THIS FORM. FOR AND IN CONSIDERATION OF THE NWOJDT&RC TAKING MY APPLICATION AND CONSIDERING ME FOR EMPLOYMENT, I DO HEREBY CONSENT TO A PRE -EMPLOYMENT DRUG AND ALCOHOL TEST OR SCREEN. I HEREBY RELEASE AND DISCHARGE THE NWOJDT&RC, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS EITHER FORESEEN OR UNFORSEEN BY ME, NOW OR HERAFTER AS A RESULT OF CONSENTING TO A DRUG AND ALCOHOL SCREENING.

I, THE UNDERSIGNED APPLICANT, DO UNDERSTAND THAT MY FAILURE TO TAKE AND /OR PASS THE PHYSICAL EXAMINATION AND /OR THE DRUG SCREENING SHALL RESULT IN MY DISQUALIFICATION FOR EMPLOYMENT WITH THE NW OHIO JUVENILE DETENTION, TRAINING & REHABILITATION CENTER.

SIGNED THIS _____ DAY OF _____, _____

 APPLICANT SIGNATURE _____

NOTARY PUBLIC CERTIFICATION

SIGNED BEFORE ME THIS _____ DAY OF _____, _____

NOTARY SIGNATURE AND SEAL

03389 CR 24.25
STRYKER, OHIO 43557
PHONE 419-428-2322

WAIVER AND AUTHORITY FOR THE RELEASE OF PERSONAL INFORMATION

I, _____ DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE NORTHWEST OHIO JUVENILE DETENTION, TRAINING & REHABILITATION CENTER (NWOJDT&RC), WHETHER THE SAID RECORDS ARE OF PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS, FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF LOANS, THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND /OR RATINGS), AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND /OR CONSULTATION, INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS AND U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING INTERNAL INVESTIGATIVE REPORTS, BACKGROUND REPORTS, POLYGRAPH REPORTS AND CHARTS; EFFICIENCY RATING COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME; AND THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW OR OF OTHER COUNSEL; WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE, EITHER CRIMINAL OR CIVIL, IN WHICH I PRESENTLY HAVE OR HAVE HAD AN INTEREST ; AND ANY OTHER DOCUMENT OR ARTICLE OF INFORMATION DEEMED PERTINENT FOR THE PURPOSES OF ASSESSING MY SUITABILITY FOR EMPLOYMENT.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY AS A CANDIDATE FOR EMPLOYMENT WITH THE NWOJDT&RC. I ALSO CERTIFY THAT ANY PERSONS WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION; AND I DO HEREBY RELEASE SAID PERSONS FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

SIGNED THIS _____ DAY OF _____, _____

APPLICANT SIGNATURE _____

ADDRESS _____

TELEPHONE _____ SOCIAL SECURITY _____

NOTARY PUBLIC CERTIFICATION

SIGNED BEFORE ME THIS _____ DAY OF _____, _____

NOTARY SIGNATURE AND SEAL _____