

# EMPLOYMENT APPLICATION

## CORRECTIONS CENTER OF NORTHWEST OHIO

03151 County Road 24.25  
Stryker, Ohio 43557-9418

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.  
***WE ARE AN EQUAL OPPORTUNITY EMPLOYER.***

**PLEASE PRINT OR TYPE**

For Admin Use Only
Abra Trak #:
Abra #:

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

Position Applied For (Correctional Officer, Clerical, etc.): \_\_\_\_\_

*Please Note: You must complete a separate application for each position applying for.*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>	<b>E-mail Address</b>		<b>Social Security Number</b>
Home	Work/Other		

<b>How Did You Learn About Us?</b> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<b>Are you currently employed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>May we contact your present employer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are you 20 years of age or older?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Are you prevented from lawfully becoming employed in the U.S.A. because of Visa or Immigration Status?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you ever filed an application with us before?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when: _____	<b>Are you currently laid off and subject to recall?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(Proof of citizenship or immigration status will be required upon employment.)</i>

<b>Do you have a valid Ohio Drivers License?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Do you speak Spanish?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have you been convicted of a crime including criminal traffic violations?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you ever been employed by the state of Ohio or a county in Ohio?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are you physically or otherwise able to perform essential job functions of the job for which you are applying as outlined in the job description with or without accommodation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT EXPERIENCE:

Please list your employment history, assignments or volunteer activities starting with your most recent or current position. Please use additional paper if required.

Employer Name	Dates Employed		Summarize essential job functions performed and skill sets utilized:
Telephone (include area code)	From	To	
Job Title			
Street Address	Hourly Rate/Salary		
City State Zip	Starting	Final	
Supervisor & Title			
Reason for Leaving			
Employer Name	Dates Employed		Summarize essential job functions performed and skill sets utilized:
Telephone (include area code)	From	To	
Job Title			
Street Address	Hourly Rate/Salary		
City State Zip	Starting	Final	
Supervisor & Title			
Reason for Leaving			
Employer Name	Dates Employed		Summarize essential job functions performed and skill sets utilized:
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Telephone (include area code)	From	To	
Job Title			
Street Address	Hourly Rate/Salary		
City State Zip	Starting	Final	
Supervisor & Title			
Reason for Leaving			

**EDUCATION:**

Do you have a high school diploma or GED equivalent?

Yes  No

*(Proof of diploma and/or GED will be required prior to employment)*

College or University Attended	Years Completed	Degree	Course of Study

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

\_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

\_\_\_\_\_

**TRAINING AND OTHER QUALIFICATIONS**

If applying for a clerical position: Typing Speed: \_\_\_\_\_ cwpm

If you have any TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as part of your education as described above):

Type of Training	Organization	Length of Training	Subject(s) Covered

Please note: You will be asked to provide documentation relative to the successful completion of the training described above prior to employment.

**Professional, Trade, Business or Civic Activities and Offices Held:**

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry or handicap or other protected status.

\_\_\_\_\_

Have you ever been in the United States Military?

Yes  No

**Branch? (please check)**     Air Force     Army     Navy     Marines     Other

*(Please note that a copy of your DD214 will be required prior to employment as proof of military time and training)*

**REFERENCES:**

Please list the names and telephone numbers of six individuals, other than relatives, whom we may contact for a recommendation.

PERSONAL		PROFESSIONAL	
Name	Telephone Number	Name	Telephone Number

REFERRAL: Were you referred by a current CCNO employee? Who? \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST ALSO SUBMIT A COPY OF YOUR DRIVER'S LICENSE WITH YOUR APPLICATION.**

I certify that 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 may be necessary in arriving at an employment decision.

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

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, also, that I am required to abide by all rules and regulations of the employer.

It is a condition of employment by CCNO that employees be free from the effects of mind-altering substances, including alcohol and drugs, while on the premises. The purpose of this requirement is to adhere to our Mission Statement. To achieve an environment free from persons under such influence, CCNO will require as a condition of employment that each applicant submit to such testing as CCNO may require including, but not necessarily limited to, blood and urine testing. This testing shall be done through an agent of CCNO. All test material and results are the property of CCNO.

Shift work is required for many positions available at CCNO. Overtime may be required with little or no advance notice.

**I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and 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 and universities which I attended or past employers, or law enforcement agencies, from disclosing any knowledge or information relevant to my employment background and/or criminal history. I hereby consent that they may disclose such knowledge or information to the Corrections Center of Northwest Ohio.**

SIGNATURE OF APPLICANT \_\_\_\_\_

# CORRECTIONS CENTER OF NORTHWEST OHIO

## AA/EEO Status Declaration

Please Print Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PURPOSE:**

The Corrections Center of Northwest Ohio must comply with certain reporting requirements established by the Equal Employment Opportunity Commission and the Office of Federal Contract Compliance. To assure full compliance with our policy on nondiscrimination and affirmative action, it is important that each applicant/employee's description be complete and accurate. No usage of these descriptions shall be made other than for reporting as required by government agencies.

Information regarding disabled applicants/employees and disabled veterans will be kept confidential except that supervisors and managers may be informed regarding restrictions of work or duties. First aid personnel may be informed when to the extent appropriate, a condition might require emergency treatment, and government officials investigating compliance with appropriate laws will be informed.

**SELF IDENTIFY DESCRIPTIONS:**

**Veteran/Disabled Status**

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 a honorable discharge.

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

**Race/Ethnic Origin**

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

**PLEASE CHECK THE APPROPRIATE SELF IDENTIFY DESCRIPTIONS:**

**Veteran/Disabled Status:**

- Vietnam Era Veteran
- Disabled Veteran
- Disabled

**Race/Ethnic Origin:**

- |   |   |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> African American       | <input type="checkbox"/> Caucasian/White                |
| <input type="checkbox"/> Hispanic               |   |

**CORRECTIONS CENTER OF NORTHWEST OHIO**  
Request for Computerized Criminal/Traffic History Check (CCH)



Subject's Name (Last, First, Middle)			Current Address		
Maiden Name/Other Names Used			Previous Address		
Home Phone Number	Work Phone Number	Social Security Number			
Date of Birth (Month, Day, Year)	Driver's License Number	Race	Sex	Height	Weight

I hereby authorize and request that any criminal justice agency release **ANY/ALL** information concerning myself from their Criminal/Traffic Records to the Corrections Center of Northwest Ohio. I understand such information may include ANY CONVICTIONS, PRIOR ARRESTS, CHARGES CLEARED AND/OR PENDING WITHIN ANY JURISDICTION KNOWN TO THE CORRECTIONS CENTER OF NORTHWEST OHIO. I further understand that such information may not be released without my signature.

Witnessed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 \_\_\_\_\_ Signature of subject to be checked \_\_\_\_\_ Date

My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ Signature of NCIC/LEADS Operator \_\_\_\_\_ Date

\_\_\_\_\_  
 Signature of Notary Public  
 A copy of your driver's license may be submitted in lieu of obtaining a notary signature.

***To Be Completed by CCNO***

\_\_\_\_\_  
 Received By (Signature) \_\_\_\_\_ Date

**(Staff receiving form must check the appropriate box below)**

- |  |   |
|--|---|
| <input type="checkbox"/> Employment              | <input type="checkbox"/> Volunteer        |
| <input type="checkbox"/> Medical Department      | <input type="checkbox"/> Intern           |
| <input type="checkbox"/> Food Service Department | <input type="checkbox"/> Contractor _____ |
| <input type="checkbox"/> Drug/Alcohol Department | <input type="checkbox"/> Other _____      |

\_\_\_\_\_  
 Director of Security & Operations \_\_\_\_\_ Date

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Pending Final Approval of Fingerprints \_\_\_\_\_  
 \_\_\_\_\_ Director of Security & Operations \_\_\_\_\_ Date