



**UNION COUNTY  
APPLICATION FOR EMPLOYMENT**

7. Are you currently employed?  Yes  No
- a. If employed, may we contact your present employer?  Yes  No
- b. If we cannot contact your present employer, please explain:

**EDUCATION:**

School	Name of Institution	City/State	Did you graduate? (Yes or No)	Degree Earned or Course of Study
High School or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Job Specific Certifications or Licenses:**

TITLE: \_\_\_\_\_

#: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**DRIVER'S LICENSE:**

Do you possess a valid state Driver's License?  Yes  No

State of Issuance: \_\_\_\_\_ License #: \_\_\_\_\_

License Class (A, B, C): \_\_\_\_\_

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**EMPLOYMENT INFORMATION:** Please indicate your work experience, beginning with the most recent employment, and be specific in your description of job duties. Include **all** relevant work experience, volunteer work, and military service, if applicable. Attach resume or additional sheets, if necessary.

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties:

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Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties:

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Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties:

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**PROFESSIONAL REFERENCES:** Please indicate three (3) persons, not related to you, who can be contacted regarding your work or academic performance.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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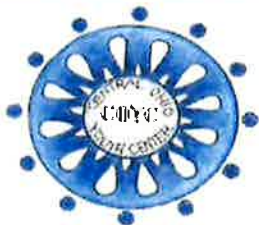
**CERTIFICATION OF APPLICATION:**

By signing this application, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the United States. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the Union County and will not be returned. I understand that my application is subject to disclosure pursuant to the Ohio Public Records Act. I understand that Union County may contact prior employers and other references. I understand that I must notify Union County of any changes in my name, address, phone number, or email address. I understand that communications with Union County may be sent via email.

I voluntarily and knowingly authorize Union County to verify the information contained in my employment application. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any employers, schools, or persons listed on this application (or accompanying resume) to provide information regarding my employment, qualifications, and character to Union County (including but not limited to performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment). I understand that I may be required to take a drug test, as a condition of employment or at any time during employment. I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

**READ CAREFULLY BEFORE SIGNING:** I agree that any claim or lawsuit relating to my service with Union County must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I have read and understand the contents of this employment application and am fully able and competent to complete it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CENTRAL OHIO YOUTH CENTER

Serving Champaign, Delaware, Madison and Union Counties

18100 State Route 4, Marysville, Ohio 43040  
Tel. (937) 642-1015 Fax: (937) 642-5900

**NATALIE LANDON, Superintendent**

In compliance with the federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion decisions for juvenile facilities, the questions on this form must be asked of COYC applicants in written applications or during the interview process and of current COYC employees during the performance evaluation process.

\_\_\_\_\_  
Applicant/Employee Name (First, MI, Last)

\_\_\_\_\_  
SSN (last 4 digits only)

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (See below definition for institution.)  Yes  No

**Definition of Institution:** Any facility or institution owned, operated, managed by, or which provides services on behalf of any state or political subdivision of a state and which is:

- for persons who are mentally ill, disabled, or chronically ill or handicapped;
  - a jail, prison, or other correctional facility;
  - a pretrial detention facility;
  - for juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care of treatment, or residing for any state purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is *not* an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody, mentally ill or disabled, chronically ill or handicapped); or
  - providing skilled nursing, intermediate or long-term care, or custodial or residential care.
2. Have you ever 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?  Yes  No
3. Have you ever been civilly or administratively adjudicated to have engaged in activity described in question #2 above?  Yes  No
4. Have you ever been civilly or administratively adjudicated, disciplined or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment?  Yes  No

**Important Notice:**

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment with COYC.
- If you are hired or if you are current COYC employee, you have a continuing affirmative duty to immediately disclose to COYC Administration any misconduct that would result in a "yes" answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

*Distribution instructions if completed by internal or external applicant:*

- If hired for the position, the original form is maintained in the employee's personnel file.
- If not hired for the position, the original form is maintained with the selection and hiring packet.
- Copy of form is provided to internal/external applicant upon request.

*Distribution instructions if completed during performance evaluation process:*

- Original form is maintained in the employee's personnel file.
- Copy of form is provided to employee upon request.