



# APPLICATION FOR EMPLOYMENT WAYNE COUNTY, OHIO



An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME & M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REFERRAL SOURCE:

WORD OF MOUTH:  \_\_\_\_\_

ONLINE:  \_\_\_\_\_

SOCIAL MEDIA:  \_\_\_\_\_

COUNTY WEBSITE:  \_\_\_\_\_

NEWSPAPER:  \_\_\_\_\_

	YES:	NO:
ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO AND ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE THAT IS NOT CURRENTLY SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU POSSES A VALID STATE OF OHIO COMMERCIAL DRIVERS LICENSE? IF YES, LIST CLASS & ENDORSEMENTS: _____	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, AND REQUIRED FOR THIS POSITION, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE AND ENDORSEMENT PRIOR TO EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE? IF YES, LIST DATES & OFFICES: _____	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU FILED AN APPLICATION WITH WAYNE COUNTY BEFORE? IF YES, LIST DATES & OFFICES: _____	<input type="checkbox"/>	<input type="checkbox"/>
DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY? IF YES, LIST NAME(S): _____	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, EMPLOYMENT WITH WAYNE COUNTY?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, EXPLAIN: _____		

## EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer, enter "none" if unemployed. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

---

**CURRENT EMPLOYER:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?** YES:  NO:

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

---

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_

---

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

---

**WHY DID YOU LEAVE?** \_\_\_\_\_

---

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

---

**WHY DID YOU LEAVE?** \_\_\_\_\_

## EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

---

**HIGH SCHOOL ATTENDED:** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DID YOU GRADUATE?**     **YES**                       **NO**                       **HIGH SCHOOL EQUIVALENT**

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

---

**COLLEGE OR TRADE SCHOOL ATTENDED:** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

---

**GRADUATE SCHOOL(S):** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

---

**LIST ANY ADDITIONAL TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION:**

---

---

---

---

**PLEASE LIST THREE WORK REFERENCES THAT ARE NOT RELATED TO YOU AND THAT YOU HAVE KNOWN AT LEAST ONE YEAR. BY LISTING REFERENCES, YOU ARE AGREEING THAT WE MAY CONTACT THEM.**

**NAME #1:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME #3:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.**

**INITIAL:**

- 1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.** \_\_\_\_\_
  
- 2. I understand that the County may run a background check before or after an offer of employment is made. Employment is contingent on said background check, whether done prior to the start of employment or if the results arrive after employment has already begun. I agree to provide whatever information is needed to perform the background checks. Applicants will be notified prior to a background check being conducted.** \_\_\_\_\_
  
- 3. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours. I also understand that any overtime hours worked may be compensated in the form of comp time and not as overtime pay, unless previously agreed to otherwise.** \_\_\_\_\_
  
- 4. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and certifications.** \_\_\_\_\_
  
- 5. I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, up to and including termination, if any information required by this application has been falsified or intentionally excluded.** \_\_\_\_\_
  
- 6. I understand that Wayne County is a Drug Free Workplace and that my employment or offer of employment is conditioned on my cooperation and compliance with the Wayne County Policy and Program, which prohibits the use of illegal drugs, controlled substances/drugs, and all harmful intoxicants defined by ORC 2925.01 and ORC 3719.01; this includes medical marijuana.** \_\_\_\_\_

**I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT IF DISHONESTY IS DISCOVERED ON THIS APPLICATION OR ON AN ACCOMPANYING RESUME DURING THE INTERVIEW, DURING THE HIRING PROCESS OR AFTER HIRE, MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED. I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS, AND THAT IF STATE OR FEDERAL LAW DISQUALIFIES ME DUE TO A PARTICULAR CRIMINAL HISTORY, THAT LAW WILL BE UPHELD IN THE TERMINATION OF MY POSITION OR REMOVAL FROM THE CANDIDATE PROCESS.**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**



# WAYNE COUNTY, OHIO EQUAL EMPLOYMENT OPPORTUNITY FORM



**Applicants are requested to complete this form which will be used for statistical purposes only. A decision to not provide the requested information will have no effect on an applicant's chances for employment with Wayne County. This information will be maintained separate from the application for employment. Please type or print your responses. This information is not used or considered in any hiring decisions. Wayne County is an Equal Opportunity Employer.**

**POSITION(S) APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**SEX:**      **FEMALE**       **MALE**

**ETHNIC CATEGORY (CHECK ONE):**

- WHITE**
- BLACK OR AFRICAN AMERICAN**
- HISPANIC OR LATINO**
- ASIAN**
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**
- AMERICAN INDIAN OR ALASKAN NATIVE**
- TWO OR MORE RACES**



# APPLICATION FOR EMPLOYMENT WAYNE COUNTY, OHIO



An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_  
 FIRST NAME & M.I.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

REFERRAL SOURCE:  
 WORD OF MOUTH:  \_\_\_\_\_  
 ONLINE:  \_\_\_\_\_  
 SOCIAL MEDIA:  \_\_\_\_\_  
 COUNTY WEBSITE:  \_\_\_\_\_  
 NEWSPAPER:  \_\_\_\_\_

	YES:	NO:
ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO AND ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE THAT IS NOT CURRENTLY SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU POSSES A VALID STATE OF OHIO COMMERCIAL DRIVERS LICENSE? IF YES, LIST CLASS & ENDORSEMENTS: _____	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, AND REQUIRED FOR THIS POSITION, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE AND ENDORSEMENT PRIOR TO EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE? IF YES, LIST DATES & OFFICES: _____	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU FILED OUT AN APPLICATION WITH WAYNE COUNTY BEFORE? IF YES, LIST DATES & OFFICES: _____	<input type="checkbox"/>	<input type="checkbox"/>
DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY? IF YES, LIST NAME(S): _____	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, EMPLOYMENT WITH WAYNE COUNTY? IF YES, EXPLAIN: _____	<input type="checkbox"/>	<input type="checkbox"/>



**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer, enter "none" if unemployed. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

**CURRENT EMPLOYER:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?** YES:  NO:

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

**WHY DID YOU LEAVE?** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

**WHY DID YOU LEAVE?** \_\_\_\_\_





EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

DID YOU GRADUATE?  YES  NO  HIGH SCHOOL EQUIVALENT

RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.: \_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.: \_\_\_\_\_

GRADUATE SCHOOL(S): \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.: \_\_\_\_\_

LIST ANY ADDITIONAL TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THREE WORK REFERENCES THAT ARE NOT RELATED TO YOU AND THAT YOU HAVE KNOWN AT LEAST ONE YEAR. BY LISTING REFERENCES, YOU ARE AGREEING THAT WE MAY CONTACT THEM.

NAME #1: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME #2: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME #3: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



**Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.**

**INITIAL:**

- 1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing. \_\_\_\_\_
- 2. I understand that the County may run a background check before or after an offer of employment is made. Employment is contingent on said background check, whether done prior to the start of employment or if the results arrive after employment has already begun. I agree to provide whatever information is needed to perform the background checks. Applicants will be notified prior to a background check being conducted. \_\_\_\_\_
- 3. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours. I also understand that any overtime hours worked may be compensated in the form of comp time and not as overtime pay, unless previously agreed to otherwise. \_\_\_\_\_
- 4. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and certifications. \_\_\_\_\_
- 5. I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, up to and including termination, if any information required by this application has been falsified or intentionally excluded. \_\_\_\_\_
- 6. I understand that Wayne County is a Drug Free Workplace and that my employment or offer of employment is conditioned on my cooperation and compliance with the Wayne County Policy and Program, which prohibits the use of illegal drugs, controlled substances/drugs, and all harmful intoxicants defined by ORC 2925.01 and ORC 3719.01; this includes medical marijuana. \_\_\_\_\_

**I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT IF DISHONESTY IS DISCOVERED ON THIS APPLICATION OR ON AN ACCOMPANYING RESUME DURING THE INTERVIEW, DURING THE HIRING PROCESS OR AFTER HIRE, MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED. I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS, AND THAT IF STATE OR FEDERAL LAW DISQUALIFIES ME DUE TO A PARTICULAR CRIMINAL HISTORY, THAT LAW WILL BE UPHELD IN THE TERMINATION OF MY POSITION OR REMOVAL FROM THE CANDIDATE PROCESS.**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**





# BACKGROUND CHECK:

## FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize *Wayne County* and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish *Wayne County* or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Please Sign Full Name, including middle initial \_\_\_\_\_  
Date

DOB \_\_\_\_\_

SSN \_\_\_\_\_

DRIVER'S LICENSE:

NO. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

CURRENT AND PREVIOUS RESIDENCES FOR PAST 7 YEARS (provide address, city, state, zip):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



wayne county  
**CARE**  **CENTER**

**ACKNOWLEDGEMENT AND CONSENT FORM FOR  
LONG TERM CARE BACKGROUND CHECK  
(AS REQUIRED BY SENATE BILL 160)**

Senate Bill 160 requires that Long Term Care Facilities complete a background check of candidates. At the time of interview, all candidates at WCCC are required to complete and sign a form consenting to the submission of a request for a criminal record check for long term care workers as required by the Federal Government and Senate Bill 160.

**Signing this form attests:**

1. I have not been convicted of, or plead guilty or no contest, to any of the crimes that would disqualify you from working with older adults under Senate Bill 160 (Please see the second page of this form for the list of crimes.)
2. I understand and agree that if I am found to have a record of any of these crimes, I will not be hired for work with older adults, and that if I am already hired, my employment will be terminated.
3. I was informed that I must provide a set of fingerprints and that a criminal record check must be conducted if I am considered for a job offer.
4. I am aware that if the results of said background check are not received by the facility within 30 days, my employment will be terminated.
5. I understand and agree to notify Human Resources within fourteen calendar days if, while employed by WCCC, I am formally charged with, convicted of, plead guilty or no contest to any of the offenses listed on the reverse page. Failure to report may result in termination of employment. (Please note that we will give you every opportunity to explain your situation.)
6. Senate Bill 160 also mandates that a residency (address) verification be completed on every applicant who wished to work in long term care. As such, I will be asked to provide information on whether I have been a resident of Ohio for the past 5 years and to list the address of my residences for the last 5 years.

**ACKNOWLEDGEMENT AND CONSENT FORM FOR  
LONG TERM CARE EMPLOYMENT EXCLUSION LISTS**

Due to Medicaid Fraud and resident abuse, employers are obligated to check several lists to ensure that an employee has not been flagged on an employment exclusion list, or abuser registry, that disqualifies the employee from continuing to work in long term care. These lists are checked annually.

**Signing this form attests:**

1. I have not been suspended, terminated, resigned, as part of a settlement, convicted of or plead guilty to, any offence or incident dealing with abuse of another individual.
2. I have not been listed on Federal or State employment exclusion list or abuser registry.
3. I understand and agree that if I am found to be on a registry list I will not be hired for work with older adults, and that if I have already been hired my employment will be terminated.
4. I was informed that an employment exclusion list check will be conducted if you are considered for a job offer.

---

Signature of Applicant

---

Date



## SENATE BILL 160 OHIO REVISED CODE DISQUALIFIERS

### ORC

2903.01 Aggravated Murder  
2903.02 Murder  
2903.03 Voluntary Manslaughter  
  
2903.04 Involuntary Manslaughter  
2903.11 Felonious Assault  
2903.12 Aggravated Assault  
2903.13 Assault  
2903.16 Failing to provide for a  
Functionally Impaired Person  
2903.21 Aggravated Menacing  
2903.34 Patient Abuse & Neglect  
  
2905.01 Kidnaping  
2905.02 Abduction  
2905.11 Extortion  
2905.12 Coercion  
  
2907.02 Rape  
2907.03 Sexual Battery  
2907.05 Gross Sexual Imposition  
2907.06 Sexual Imposition  
2907.07 Importuning  
2907.08 Voyeurism  
2907.09 Public Indecency  
2907.12 Felonious Sexual Penetration  
2907.25 Prostitution  
2907.31 Disseminating Matter Harm to  
Juveniles  
2907.32 Pandering Obscenity  
2907.32.1 Pandering Obscenity Involving  
a Minor  
2907.32.2 Pandering Sexually Oriented  
matter Involving a Minor  
2907.32.3 Illegal use of a Minor in  
Nudity-Oriented Material  
or Performance

### ORC

2911.01 Aggravated Robbery  
2911.02 Robbery  
2911.11 Aggravated Burglary  
2911.12 Burglary  
2911.13 Breaking & Entering  
  
2913.02 Theft: Aggravated Theft  
2913.03 Unauthorized Use of a Vehicle  
2913.04 Unauthorized Use of Property;  
or Access to Computer  
2913.11 Passing Bad Checks  
2913.21 Misuse of Credit Cards  
2913.31 Forgery  
2913.40 Medicaid Fraud  
2913.43 Securing Writing by Deception  
2913.47 Insurance Fraud  
2913.51 Receiving Stolen Property  
  
2919.25 Domestic Violence  
  
2921.36 Prohibition of Conveyance of  
Certain items on the grounds of a  
Detention, Mental Health or MRDD  
Facility  
2923.12 Carrying Concealed Weapon  
2923.13 Having Weapons While Under  
Disability  
2923.16.1 Improperly Discharging Firearm  
At or into Habilitation or School  
  
2925.02 Corrupting another with Drugs  
2925.03 Trafficking in Drugs  
2925.11 Drug Abuse  
2925.13 Permitting Drug Abuse  
2925.22 Deception to Obtain Dangerous  
Drugs  
2925.23 Illegal Processing of Drug Documents  
  
3716.11 Adulterated Food



## WAYNE COUNTY, OHIO EQUAL EMPLOYMENT OPPORTUNITY FORM



Applicants are requested to complete this form which will be used for statistical purposes only. A decision to not provide the requested information will have no effect on an applicant's chances for employment with Wayne County. This information will be maintained separate from the application for employment. Please type or print your responses. This information is not used or considered in any hiring decisions. Wayne County is an Equal Opportunity Employer.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SEX: FEMALE  MALE

**ETHNIC CATEGORY (CHECK ONE):**

- WHITE
- BLACK OR AFRICAN AMERICAN
- HISPANIC OR LATINO
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- TWO OR MORE RACES

