



Franklin County  
**Children  
Services**

**Application For Employment**

**Human Resources  
855 West Mound Street  
Columbus, Ohio 43223  
(614) 351-2000**

Name:

Position applied for:

What is the highest level of education you have completed?

Do you meet the minimum age requirement of 18 years?  Yes  No

Are you legally entitled to work in the U.S.?  Yes  No

Do you have a valid driver's license and the minimal automobile insurance required by law?  Yes  No

Have you ever been convicted of or pled guilty to any felony? If yes, give date(s) and offense(s).  Yes  No

Have you ever been convicted of or pled guilty to any misdemeanor offense(s)? If yes, give date(s) and offense(s).  Yes  No

Have you ever been terminated or asked to resign from any prior employment? If yes, please explain.  Yes  No

Provide the name and work phone numbers of your current and most recent supervisors.

Name

Name

Company

Company

Work Number

Work Number

May we contact these individuals? If not, why?  Yes  No

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a professional recommendation.

Name	Address	City	State	Zip Code	Phone

Please list the name and address of one person who will always know your whereabouts.

Name	Address	City	State	Zip Code	Phone

Please list your two most recent, previous home addresses with the dates of residence for each address.

Address	City	State	Zip Code	Dates of Residence

Indicate the referral or recruitment source leading to your application.

- Franklin County Children Services Employee
- Job Fair
- Walk-in
- University
- Other Agency (Please specify)
- Newspaper (Name of paper)
- Other (Please Specify)

I hereby affirm that the information provided on this application and the Ohio Civil Service application is true and complete to the best of my knowledge and belief. I also agree that falsified information or significant omission may disqualify me from further consideration for employment, and may be considered grounds for dismissal if discovered at a later date.

I hereby authorize any persons, educational institutions, or employers listed on either application, except as otherwise noted on this form. To provide Franklin County Children Services with pertinent information that may be required to arrive at an employment decision. I also release all parties from liability for any damage that may result from furnishing information to Franklin County Children Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Franklin County  
**Children  
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**Human Resources**

Providing the following information is optional and will be used solely for agency affirmative action and equal employment opportunity data.

**SEX:**  Male  
 Female

**RACE:**  Asian or Pacific Islander  
 Black  
 White  
 American Indian or Alaskan Native  
 Hispanic

**DISABLED:**  Yes  
 No

If you answered yes, please list any reasonable accommodations that you believe could enable you to perform the essential duties of the position. (This information may be shared should you be offered a position.)

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- Walk-in
- University

Other Agency (Please specify)

Newspaper (Name of Paper)

Other (Please specify)