

NorthEast Ohio Community Alternative Program

Serving The Common Pleas Courts In Ashtabula, Geauga, Lake, Portage, and Trumbull Counties

EMPLOYMENT APPLICATION

**PLEASE FILL OUT THIS APPLICATION FORM AS COMPLETELY AND ACCURATELY AS POSSIBLE.
PLEASE PRINT OR WRITE IN A LEGIBLE MANNER.**

Date of Application: _____ Position(s) applied for: _____

Section I

Personal Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

May we contact you at work? Yes No If Yes, Work Number: _____

Best Time To Call You At Home: _____ Best Time To Call You At Work: _____

Are You Under 18? Yes No If Yes, Can You Obtain A Work Permit? Yes No

Have you ever filed an application with NEOCAP before? Yes No Date: _____

Have you ever been employed by NEOCAP? Yes No

Have you ever been convicted of a Criminal Offense? Yes No

If Yes, Explain:

(Note: A criminal conviction will not necessarily bar an applicant from employment)

Section II

Type of Work Desired

Type of employment requested: Full Time Part Time Either Temporary Seasonal

Are you on layoff and subject to recall? Yes No

Will you work overtime if required? Yes No

Section III		Education			
<i>TYPE OF SCHOOL</i>	<i>Name, City, State For Each School Listing</i>	<i>Dates</i>	<i>Type of Course or Major</i>	<i>Graduated Yes/No</i>	<i>Degree, Diploma, Certificate and Honors Received</i>
<i>HIGH SCHOOL</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>COLLEGE OR UNIVERSITY</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>GRADUATE SCHOOL</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>TRADE, BUSINESS, NIGHT OR ONLINE</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>OTHER</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe the course work or technical training you have received which will better enable you to perform the job for which you are applying:

If you have received any other training not mentioned above, please describe. Include any equipment or instruments you operate, or any skills you possess which better indicate your ability to perform the job for which you are applying:

Section IV**Employment History (List Most Recent First)**

1. Name of Employer: _____
Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Supervisor and Title: _____ Your Title: _____
Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
Employers Phone: _____
Work Performed: _____

Reason For Leaving: _____

2. Name of Employer: _____
Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Supervisor and Title: _____ Your Title: _____
Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
Employers Phone: _____
Work Performed: _____

Reason For Leaving: _____

3. Name of Employer: _____
Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Supervisor and Title: _____ Your Title: _____
Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
Employers Phone: _____
Work Performed: _____

Reason For Leaving: _____

4. Name of Employer: _____
Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Supervisor and Title: _____ Your Title: _____
Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
Employers Phone: _____
Work Performed: _____

Reason For Leaving: _____

Section V		References	
Name	Relationship	Home Phone	Day Phone

List professional, trade, business or civic organizations:

Organization:

Offices Held:

List special accomplishments, publications and awards:

List any additional information you would like for us to consider:

Acknowledgement

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize NorthEast Ohio Community Alternative Program to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release NEOCAP and the above-mentioned references from any and all liability for any damages that may result from information collected by this agency. I understand that the answers listed on the employment application can be made public through a public records request in accordance to Ohio Rev. Code 149.43. The results of inquiries associated with this application shall be treated in confidence and are exempt from public records requests. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature: _____ Date: _____

NorthEast Ohio Community Alternative Program

NOTICE TO APPLICANT

EMPLOYMENT AT WILL

All applicants for employment with the NorthEast Ohio Community Alternative Program are notified that employment can be terminated with or without notice at any time at the option of either NEOCAP or the employee.

NON-DISCRIMINATION POLICY

The NorthEast Ohio Community Alternative Program is an equal opportunity employer and does not discriminate against any person on the grounds of race, ethnicity, age, color, religion, sex, natural origin, sexual orientation, genetic information, or handicap according to "Title VII of the Civil Rights Act of 1964," or any person with HIV Infection, AIDS-Related Complex or AIDS, or in any manner prohibited by the Laws of the State of Ohio and the United States in the recruitment, selection, promotion, evaluation or retention of employees or volunteers.

FAIR EMPLOYMENT POLICY

The NorthEast Ohio Community Alternative Program follows the rules and regulations governing fair employment practices.

INQUIRIES

The applicants Right to Privacy shall be respected and the results of inquiries associated with this application shall be treated in confidence by the Agency.

APPLICANT CONSENT

I, _____, hereby authorize the NorthEast Ohio Community Alternative Program to conduct a criminal, personal and financial record check through the Trumbull County Sheriff's Department or any other law enforcement, or other agency deemed appropriate.

SIGNATURE

DATE