

# NorthEast Ohio Community Alternative Program

## Comprehensive Community Based Corrections

*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)*

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*(Best number to contact you) (Mandatory - for background check)*

Do you have a valid driver's license? Yes No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Have you ever been employed by NEOCAP? Yes No

Have you ever been criminally, civilly, or administratively convicted of sexual harassment or sexual abuse?

Yes No If yes, explain.

*A criminal conviction will not necessarily bar an applicant from employment. However, material omissions regarding any of the above misconduct, or the provision of materially false information, are grounds for termination.*

**Section II** **Type of Work Desired**

Type of employment requested: Full Time / Part Time /Either

Are you on layoff and subject to recall?      Yes      No

Will you work overtime if required?      Yes      No

Do you have a shift preference?      Yes      No

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<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 coursework, technical training, or any other training not mentioned above that you have received which will better enable you to perform the job for which you are applying. Include any equipment or instruments you operate, or any skills you possess which better indicate your ability to perform the job:

**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 the above-mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_