

Lorain County Domestic Relations Court

225 Court Street, 4th Floor

Elyria, OH 44035

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION VALID 90 DAYS FROM DATE RECEIVED

Received By & Date

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-7

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at above address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ How long have you been a resident of Ohio? _____

If under 18, please list age _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific) Note: Some positions require shift and/or weekend work How did you find out about this position? _____	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
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How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

Are you related to a current employee of Lorain County Domestic Relations Court?

If yes, employee's name _____ and relationship _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus or Trade School				
Professional School				

- All positions within the court are at-will (ie. At the pleasure of the Administrative Judge.) Any position can be terminated without cause providing said termination complies with all Federal, State and County laws. Additionally, the Court reserves the right to change the employee's compensation at any time for any reason.
- Lorain County Domestic Relations Court reserves the right to change the terms and conditions of the employee's employment at any time.
- ~~ALL APPLICANTS MUST PROVIDE EDUCATIONAL VERIFICATION FOR ALL DESIRED POSITIONS.~~
- Lorain County Domestic Relations Court is an Equal Opportunity Employer.
- Some positions are exempt from FLSA overtime regulations.

Initial Each Section

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DO YOU HAVE A DRIVER'S LICENSE? Yes No Do you have Proof of Insurance as required by the State of Ohio?
(A copy will be required at time of hire) Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any at fault accidents during the past three years? How Many? _____
Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM
Computer Experience <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Explain: _____	Other Skills _____

Please list two references other than relatives or previous employers:

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No Discharged Honorably? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past ten years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

By signing below, the applicant hereby attests that all information herein is factual and agrees to all the conditions set forth by Lorain County Domestic Relations Court and this application.

Print: _____ Sign: _____ Date: _____

Lorain County Court of Common Pleas

Domestic Relations Division – Juvenile Branch

Lorain County Justice Center

225 court Street, 4th Floor

Elyria, Ohio 44035

I certify that the facts contained in this application are true and complete to the best of my knowledge, I understanding that if I am employed, any statements I have falsified on this Application are grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained therein.

I authorize Lorain County Domestic Relations Court, to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I specifically authorize the release of any and all information regarding previous employment to the Lorain County Domestic Relations Court. I further understand that the limitations and immunities of O.R.C. Section 4113.71 of the Ohio Revised Code are applicable to any communications from prior employers. I shall sign any documents required to obtain this information.

I understand and agree that, if I am employed by Lorain County Domestic Relations Court, my employment is entirely “at will”. My employment can be modified or terminated, with or without cause, and with or without prior notice at any time, at the option of either Lorain County Domestic Relations Court, or myself. I understand and agree that Lorain County Domestic Relations Court reserves the right to establish and/or change any terms or conditions of any aspect of my employment, including my compensation, at its discretion at anytime with or without notice. I understand and agree that no other agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement. I understand and agree that no representative of Lorain County Domestic Relations Court, other than the Administrative Judge, has any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with Lorain County Domestic Relations Court. The terms of this Agreement will supersede all others.

I understand that if I am offered employment by Lorain County Domestic Relations Court, and if I accept that offer, this document will serve as the only and primary Agreement between Lorain County Domestic Relations Court, its representative and myself. I also agree that \$1.00 of the wages I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement. If any one or more sections, sentences, paragraphs or parts of this Agreement shall for any reason be questioned by any court and adjudged invalid, such judgment shall not impair effect or invalidate the remaining provisions of this agreement, but shall be confined to the specific provisions so held invalid, and the inapplicability or invalidity of any such section, provision or part shall not be taken to affect or prejudice the remaining parts of this Agreement.

Continued on Page 2

Lorain County Court of Common Pleas

Domestic Relations Division – Juvenile Branch

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Print Name (Incl. Middle Initial): _____

Sign Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

Last Previous Address: _____

**PRE-EMPLOYMENT CONTROLLED SUBSTANCES
TESTING AUTHORIZATION FORM**

I understand that all applicants of this company must be tested for controlled substances as a pre-condition for employment.

I authorize the test provider to the drugs-of abuse urine collection and its testing.

I understand that a minimum detectable level (zero tolerance) for controlled substance(s) will disqualify me for a position with this Employer.

The review officer will maintain the results of my controlled substance test results and will be forwarded to the Employer. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name (Please PRINT)

Date

Applicant's Signature