



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Applicants requiring reasonable accommodation with the application and/or interview process, please notify the person from whom you obtained this application. All applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability, veteran/reserve/national guard status, genetic information or any other legally protected status.

DO NOT USE "SEE RESUME" IN LIEU OF COMPLETING THIS APPLICATION. RESUMES AND COVER LETTERS SHOULD BE ATTACHED.

Mental Health & Recovery Board of Portage County (MHRBPC) may refuse employment consideration if the application is not filled out completely and accurately. Please submit one application per position. Note that this application form will become a public record upon submission to MHRBPC. Applications are filed according to specific job openings.

PLEASE TYPE OR PRINT CLEARLY USING INK

POSITION APPLIED FOR: _____ **DATE OF APPLICATION:** _____

HOW DID YOU LEARN OF THIS OPENING? _____

SALARY DESIRED: _____ **DATE AVAILABLE:** _____

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? ____ YES ____ NO

NAME: _____
LAST FIRST MI

ADDRESS: _____ **HOME PHONE:** (____) ____ - ____

CITY STATE ZIP **CELL PHONE:** (____) ____ - ____

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN EMPLOYED BY A GOVERNMENT AGENCY IN THE STATE OF OHIO? ____ YES ____ NO

IF SO, WHEN? _____ **AGENCY:** _____
(ATTACH ADDITIONAL SHEETS IF NECESSARY)

JOB TITLE: _____

DO YOU HAVE RELATIVES EMPLOYED BY PORTAGE COUNTY? ____ YES ____ NO

IF YES, PROVIDE NAME(S) AND RELATIONSHIP TO YOU: _____

**Hiring of relatives may be precluded when one relative would supervise or have disciplinary authority over another, would audit the work of another or when a conflict of interest would exist between the relative and the employee.*

EDUCATION	NAME AND ADDRESS OF INSTITUTION	COURSE OF STUDY/MAJOR	NUMBER OF YEARS COMPLETED	DEGREE OBTAINED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR TECHNICAL SCHOOL				
GRADUATE SCHOOL				
OTHER				

LICENSES AND/OR CERTIFICATIONS (ALL APPLICANTS)

LICENSE / CERTIFICATION	ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE
<input type="checkbox"/> DRIVER'S TYPE _____	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL CPA, PE, RN, LPN, ETC.	_____	_____	_____

I understand that if offered a position of employment that requires licenses or certifications and I fail to maintain them or otherwise lose such licenses and/or certifications, my employment can be terminated.

ALL APPLICANTS – PLEASE INITIAL: _____.

EMPLOYMENT HISTORY

List work experience, beginning with the most recent. Include all employment whether full-time, part-time, seasonal or temporary. Attach additional sheets if more space is needed. **DO NOT USE "SEE RESUME" IN LIEU OF COMPLETING THE APPLICATION.**

FROM/TO: _____	EMPLOYER: _____
ADDRESS: _____	TELEPHONE: _____
JOB TITLE: _____	SUPERVISOR: _____ MAY WE CONTACT? _____
JOB DUTIES: _____	
REASON FOR LEAVING: _____	FINAL SALARY: \$ _____

FROM/TO: _____ EMPLOYER: _____
ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SUPERVISOR: _____ MAY WE CONTACT? _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ FINAL SALARY: \$ _____

FROM/TO: _____ EMPLOYER: _____
ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SUPERVISOR: _____ MAY WE CONTACT? _____
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ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SUPERVISOR: _____ MAY WE CONTACT? _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ FINAL SALARY: \$ _____

THREE WORK-RELATED REFERENCES (PLEASE PRINT CLEARLY)

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

APPLICANT CERTIFICATION AND AGREEMENT**READ CAREFULLY BEFORE SIGNING**

The Mental Health & Recovery Board of Portage County complies with all federal, state and local laws that prohibit discrimination, including, but not limited to, the following: (1) The Civil Rights Act of 1964 (Title VII) which prohibits discrimination in employment because of race, color, religion, sex, national origin or ancestry; (2) The Age Discrimination in Employment Act (ADEA) of 1967 (3) The Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 which prohibit discrimination against persons with disabilities; and (4) Ohio Revised Code Chapter 4112.02.

I authorize MHRBPC (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my past employment, and to verify all data given on this application. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver's license, I also authorize MHRBPC to verify the validity of my driver's license and/or review the state's Motor Vehicle Registration Records.

I understand that an offer of employment may be contingent upon passing a drug/alcohol screening and submitting to a physical examination, if required by county policy, and I consent to the examinations and such future examinations as may be required by MHRBPC. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

I understand that an offer of employment may be contingent upon passing a criminal background check.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for dismissal.

By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

APPLICANT SIGNATURE

DATE