

FRANKLIN COUNTY MUNICIPAL COURT
Court Administration
375 South High Street, 10th Floor
Columbus, Ohio 43215
614-645-8214

APPLICATION FOR EMPLOYMENT

(A resume may be attached but may not be used as a substitute for completing this application.)

Date: _____

Name: _____
 First Middle Last

Address: _____
 Number Street City State Zip Code

How long have you lived at this address? _____ If less than six months, list your
previous address: _____

Telephone Home: _____ Business: _____

For what position or type of work are you applying? _____

How did you hear about this position? _____

| | |
|--|---|
| TO BE COMPLETED BY COURT ADMINISTRATION | |
| Application received on _____ by _____ | |
| Interviewed? _____ Yes _____ No _____ | Hired? _____ Yes _____ No _____ |
| Position _____ | |
| Department _____ | |
| Effective _____ | Pay Range _____ Salary \$ _____ per hour/ \$ _____ per year |
| Comments _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

EMPLOYMENT HISTORY

List below present and past employment, beginning with the most recent. If your title or duties changed significantly in the course of your service with an employer, indicate such changes clearly as a separate employment. Include any military service, indicating the rank you attained and your specialty. Significant, long-term volunteer work may also be included. A resume may not be used as a substitute for completing this section.

1. Name and address of employer: _____

Type of business: _____ Employed from: _____ to: _____

Job Title: _____ Supervisor's name _____

Your duties: _____

Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

2. Name and address of employer: _____

Type of business: _____ Employed from: _____ to: _____

Job Title: _____ Supervisor's name: _____

Your duties: _____

Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

3. Name and address of employer: _____

Type of business: _____ Employed from: _____ to: _____

Job Title: _____ Supervisor's Name: _____

Your duties: _____

Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

4. Name and address of employer: _____

Type of business: _____ Employed from: _____ to: _____

Job Title: _____ Supervisor's name: _____

Your duties: _____

Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

EDUCATION

| | Name and Address of School | Course of Study or Major | Years Completed | List Diploma or Degree Received |
|-----------------|----------------------------|--------------------------|-----------------|---------------------------------|
| High School | | | | |
| College | | | | |
| College | | | | |
| Other (Specify) | | | | |

TRAINING AND OTHER QUALIFICATIONS

If you have received training, other than in an academic setting already listed above, that is relevant to the position for which you are applying, list this information in the area below or on a separate sheet and attach it to this application. Be sure to include the type of training, subjects covered in the training, the organization that provided the training, and the length of the training.

List any additional information or special qualifications you have for the position for which you are applying. Include special machines or equipment you operate, hobbies or life experiences from which you have gained relevant skills, or other information that you want to be considered.

MISCELLANEOUS

The following information will be used only if it is directly related to the position for which you are applying.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have a valid Ohio driver’s license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If necessary, can you supply your own transportation for work use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you perform all the required tasks/duties as described in the job description? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you able to work during the hours required for the position for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you proficient in any language other than English? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been employed by a court system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any commitments to another employer or personal activity that might affect or cause a conflict of interest with employment with this court? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you related by blood or marriage, up to and including second cousin to a judge or an employee of this court? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. As an employee of this court, you may have access to probation and criminal records. Do you have any close relatives, friends, or anyone with whom you live who is currently facing criminal or traffic charges, or is on parole or probation, with any court in Franklin County? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “No” to questions 1, 2, 3, or 4, or if you answered “Yes” to questions 5, 6, 7, 8, or 9, explain fully below, indicating by number the question to which you are responding. Attach an additional sheet if necessary. A “yes” or a “no” answer to any of the above questions does not automatically disqualify you from employment with this court.

PROFESSIONAL REFERENCES

1. Name: _____ Occupation: _____

Company Name & Address: _____

_____ Phone Number: _____

2. Name: _____ Occupation: _____

Company Name & Address: _____

_____ Phone Number: _____

3. Name: _____ Occupation: _____

Company Name & Address: _____

_____ Phone Number: _____

CHECK YOUR APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY.

If at any time during the course of your employment, an investigation of the Court, or of a judge or employee of the Court takes place, you could be asked to assist in the investigation, including taking a polygraph (lie detector) test. If you are asked, you have the right to refuse to assist in an investigation because information you provide could be used against you if criminal charges against you result from the investigation. However, if you are asked but refuse to assist in an investigation, your refusal will be grounds for immediate termination.

By my signature below, I affirm that the statements made in this application are complete and accurate. I understand that any false or misleading statement on this application may result in my dismissal, if I am hired, subject me to criminal prosecution, or both.

I authorize the Franklin County Municipal Court to verify the information in this application, including conducting an investigation of my personal or employment history (including contacting former employers and supervisors), education, criminal and traffic records, or credit history through any investigative agencies of its choice. I hereby waive all provisions of law forbidding schools or colleges that I attended, or any past employers from disclosing any knowledge or information relevant to my employment and hereby consent that they may disclose such knowledge or information to this court.

Signature of Applicant

Date