FRANKLIN COUNTY MUNICIPAL COURT Application for Employment 375 South High Street, 10th Floor Columbus, Ohio 43215





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

APPLICANT INFORM	ATION			
Name: First				Date:
First	$\overline{M.I.}$	Last		
Current Address:				
City			State	Zip Code
How long have you lived at	his address:		If less than 6 mon	ths, list previous address below
Previous Address:				
City			State	Zip Code
Email Address:				
Primary Phone:		Secondary l	Phone:	
What position are you applyi	ng for?:			
How did you hear about this	position?:			
PROFESSIONAL REFE	RENCES			
Name:		Title:		
Company:				er:
Email Address:				
Nama		Title		
Name:				OW.
Company: Email Address:				er:
Nama		Title:		
Name:				or.
Company: Email Address:			I Holle Ivallio	er:

EDUCATION	
High School Name:	Years Completed:
Address:	
Diploma/Degree Received:	
College Name:	Years Completed:
Address:	
Course of Study or Major:	
Diploma/Degree Received:	
College Name:	Years Completed:
Address:	
Course of Study or Major:	
Diploma/Degree Received:	
College Name:	Years Completed:
Address:	
Course of Study or Major:	
Diploma/Degree Received:	
CERTIFICATIONS	

EMPLOYMENT HISTORY

List present and past employment, beginning with the most recent. If title or duties changed significantly in the course of service with an employer, indicate such changes clearly as a separate employment. Include any military service, indicating rank and specialty. Significant, long-term volunteer work may also be included.

Company:	May we contact employer?	
Address:		□ NO
	Job Title:	
Supervisor's Name:	Dates Employed:	
Reason for leaving:		
Responsibilities:		
Company:	May we contact employer?	☐ YES ☐ NO
Address:		L NO
	Job Title:	
Supervisor's Name:	Dates Employed:	
Reason for leaving:		
Responsibilities:		

EMPLOYMENT CONTINUED Company: _____ May we contact employer? YES \square NO Address: Business Type: _____ Job Title: ____ Supervisor's Name: _____ Dates Employed: _____ Reason for leaving: Responsibilities: May we contact employer? \square YES Company: \square NO Address: Business Type: _____ Job Title: ____ Supervisor's Name: _____ Dates Employed: _____ Reason for leaving: Responsibilities:

TRAINING AND OTHER QUALIFICATIONS

List any training relevant to the position for which you are applying, other than in an academic setting already listed above, below in or on an attachment. Include the type of training, subjects covered, length and organization that provided the training.
List any additional information or special qualifications relevant to 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 you want to be considered.

MISCELLANEOUS

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			Yes	No	
	1.	Do you have a valid Ohio driver's license?			
	2.	If necessary, can you supply your own transportation for work use?			
	3.	Can you perform all the required tasks/duties as described in the job description?			
	4.	Are you able to work during the hours required for the position for which you are applying?			
	5.	Are you proficient in any language other than English?			
	6.	Have you ever been employed by a court system?			
	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?			
	8.	Are you related by blood or marriage, up to and including second cousin to a judge or an employee of this Court?			
	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?			
ex sh	pla eet	u answered "No" to questions 1, 2, 3, or 4, or if you answered "Yes" to question in fully below, indicating by number the question to which you are responding. A if necessary. A "Yes" or a "No" answer to any of the above questions does alify you from employment with this Court.	ttach a	n addi	tiona
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PLEASE REVIEW 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 completing and submitting this application, 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.

Applicant Name	Date