

TRAINING AND OTHER QUALIFICATIONS

If applying for a clerical position: TYPING SPEED: _____ SHORTHAND SPEED: _____

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as previously described).

Type of Training	Organization	Length of Training	Subject(s) Covered
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In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE

In the areas below, please list past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment.

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

GENERAL QUESTIONS

CHECK ONE

- | | | |
|---|-----|----|
| 1. Are you willing and able to secure an Ohio Drivers License, if a license is required? | YES | NO |
| 2. If necessary, can you supply your own transportation for work use? | YES | NO |
| 3. Have you ever been employed by the state, city, township, or county service of Ohio? | YES | NO |
| 4. Have you ever been convicted of any felony? | YES | NO |
| 5. Have you ever been convicted of a D.U.I. or had your driver's license suspended or revoked? | YES | NO |
| 6. Have you ever been convicted of any misdemeanor other than minor traffic? | YES | NO |
| 7. Can you perform the job-related requirements of the specific job for which you are applying? | YES | NO |

If you answered "YES" to questions 3, 4, or 5 or "NO" to question 1, 2, or 7, please explain fully below, indicating by number to which question you are responding. Use additional sheets if necessary

MISCELLANEOUS

IF HIRED, WILL YOU BE ABLE TO WORK DURING THE DAYS AND HOURS REQUIRED FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING? YES _____ NO _____ IF NO, EXPLAIN: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH THE COURT? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES?
YES _____ NO _____

PROFESSIONAL REFERENCES

PLEASE LIST THE NAMES AND ADDRESSES OF THREE INDIVIDUALS, OTHER THAN RELATIVES, WHOM WE MAY CONTACT FOR A **PROFESSIONAL RECOMMENDATION**.

NAME ADDRESS CITY STATE ZIP CODE PHONE

EMERGENCY INFORMATION

PERSON(S) TO NOTIFY IN AN EMERGENCY:

NAME ADDRESS CITY STATE ZIP PHONE

NOTICE

I UNDERSTAND THAT PRIOR TO BEING APPOINTED TO A POSITION WITH THE COURT IT WILL BE NECESSARY TO BE FINGERPRINTED AND PHOTOGRAPHED FOR IDENTIFICATION AND CRIMINAL RECORD CHECK PURPOSES. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AGREE TO SUBMIT TO DRUG TESTING BY THE COURT PRIOR TO BEING OFFERED EMPLOYMENT.

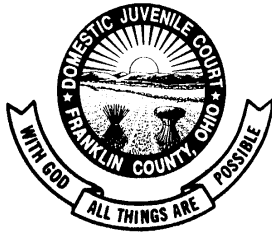
APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS NOT SIGNED

I SOLEMNLY SWEAR THAT THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF APPOINTED, ANY FALSE STATEMENT ON THIS APPLICATION WILL RESULT IN MY DISMISSAL AND/OR SUBJECT ME TO PROSECUTION UNDER **OHIO REVISED CODE SECTION 2921.13**. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL, EMPLOYMENT, FINANCIAL HISTORY AND CREDIT RECORD. I HEREBY WAIVE ALL PROVISIONS OF LAW FORBIDDING COLLEGES OR UNIVERSITIES WHICH I ATTEND, OR PAST EMPLOYERS, FROM DISCLOSING ANY KNOWLEDGE OR INFORMATION RELEVANT TO MY EMPLOYMENT AND I HEREBY CONSENT THAT THEY MAY DISCLOSE SUCH KNOWLEDGE OR INFORMATION TO THE FRANKLIN COUNTY COURT OF COMMON PLEAS, DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH.

SIGNATURE OF APPLICANT _____

DATE _____

ALL EMPLOYMENT WITH THE FRANKLIN COUNTY
DOMESTIC COURT AND JUVENILE BRANCH IS AT-WILL



FRANKLIN COUNTY
COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
AND JUVENILE BRANCH
373 S. High Street
Columbus, Ohio 43215

JUDGES
KAY LIAS
DANA S. PREISSE
JIM MASON
CAROLE SQUIRE
KIM A. BROWNE

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY SURVEY

As a governmental entity subject to Revised Code Section 4112.04(A)(10), the Court is required to file an annual affirmative action progress report with the Ohio Civil Rights Commission. To assist us in generating the minority recruitment source utilization data, please complete the following information. The questions are optional and the information is used for statistical purposes only. This is an anonymous survey and in no way will affect your employment application of the hiring process.

How did you hear of this employment opportunity?

- Posting
 Word of Mouth
 Newspaper Advertisement
 University Career Services
 Other Governmental Agencies
 Other _____

My gender is:

- Male
 Female

My age is: _____

Are you disabled?

- Yes
 No

Are you a veteran?

- Yes
 No

My predominant ethnic background is:

- African-American
 Hispanic
 Asian of Pacific Islander
 Native American Indian or Alaskan Native
 Caucasian – Non-Hispanic
 Other