

# Seneca County Youth Center

## Application Information

**Only solicited applications will be accepted. Please read the following information before completing our applications.**

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- 1. There is no guarantee of a job offer or job interview by completing our employment application. Your application will be considered with others who have submitted applications for the same job opportunity, and decisions about interviews will be based on this comparison.**
- 2. Our application form must be completely filled out in order for it to be considered for employment.**
- 3. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.**
- 4. We do not accept or maintain on file unsolicited applications. Applications are filed according to specific job opportunities.**
- 5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.**
- 6. By completing our employment application, you may be subject to the following checks:**
  - a. Employment reference checks from previous employer and from current employer should a job offer be made.**
  - b. Criminal record check.**
  - c. Drug screen and/or pre-placement physical examination**
  - d. Abstract driving record**
  - e. Personal references**
  - f. Educational degrees.**

**Applications may be returned in person to the Seneca County Youth Center, by email at [SCanalos@senecacountyohio.gov](mailto:SCanalos@senecacountyohio.gov) or by mail to the Seneca County Youth Center, 3120 State Route 100, Tiffin, Ohio 44883.**

**Thank you for your interest in employment with the Seneca County Youth Center.**

# Application For Employment

Please return to: Seneca County Youth Center  
3120 State Route 100  
Tiffin, Ohio 44883  
(419)447-7852

PLEASE PRINT CLEARLY OR TYPE

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Director. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**Position Applied For:**

**Date of Application:**

Name (Last, First, Middle): \_\_\_\_\_

Mailing

Address: \_\_\_\_\_

Street Apt. City State Zip

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Mobile/Other: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to contact you at home is: ..... \_\_\_\_\_ am / pm

Have you ever submitted an application to the Seneca County Youth Center? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have you ever been employed by the Seneca County Youth Center? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State / Number: \_\_\_\_\_

Are you able to meet all of the attendance requirements of this position? \_\_\_\_\_

Are you able to work overtime if necessary? \_\_\_\_\_ Will you travel if the position requires it? \_\_\_\_\_

Do you have any friends / relatives currently employed by Seneca County? \_\_\_\_\_

If Yes, who? \_\_\_\_\_

Military Service or Veteran Status? \_\_\_\_\_ If yes, please provide branch of service, rank, and job duties:

What is your desired salary range or rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Date available for work: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal

\_\_\_\_\_ Temporary \_\_\_\_\_ Educational Co-Op / Internship

**EMPLOYMENT HISTORY:** Provide your work experience starting with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree Obtained
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

**RELATED INFORMATION:** To what job related organizations (professional, trade, etc.) do you belong?  
*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.*

ORGANIZATION	OFFICES HELD

Use this section to list any special skills, qualifications or certificates that relate to this position. Use additional sheets if needed.

**REFERENCES:** Please provide at least 3 references who are not related to you. Use additional sheets if necessary.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

**Have you been provided with a written job description for the position which you are Applying?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential duties, responsibilities, and functions of the job for which you have applied?** \_\_\_\_\_ Yes \_\_\_\_\_ No

***APPLICANT STATEMENT AND SIGNATURE (Signature Required for Application to be Complete):***

I certify that all information I have provided in order to apply for and obtain employment with the Seneca County Youth Center is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Seneca County Youth Center and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. In addition, I give the Seneca County Youth Center the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Seneca County Youth Center in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the Seneca County Youth Center, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the Seneca County Youth Center, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background investigation, physical, psychological, polygraph, and/or drug and alcohol screen. I understand that evidence of drug use prior or during my employment will be grounds for immediate termination without recourse. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with the Seneca County Youth Center is of an "at will" nature, which means that I am free to resign at any time and the Seneca County Youth Center reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the Seneca County Youth Center at any time. I understand that no representative of the Seneca County Youth Center is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I understand that, if I am offered employment, I will be required to follow and abide safety guidelines and policy and procedures of the Seneca County Youth Center. I understand that positions that require driving a county vehicle, I must be able to show proof of insurance and possess a valid license; if at any time I lose my insurance or license, I may be assigned a job which does not require driving.

I realize that as a condition of employment, employees are required to have their paychecks directly deposited into a checking or savings account. I agree to provide this account number for deposit purposes.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant (required): \_\_\_\_\_ Date: \_\_\_\_\_