



# APPLICATION FOR EMPLOYMENT

**Lorain County Board of Mental Health**  
1173 North Ridge Road East, Suite 101, Lorain, OH 44055  
440.233.2020 Phone; 440.233.2030 Fax

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

### PLEASE PRINT

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Telephone Number	Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If yes, when and for what position(s) did you previously apply: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you authorized to work in the U.S?  
Proof of citizenship or immigration status is a contingency of employment.  Yes  No

On what date would you be available to work? \_\_\_\_\_

Expected Salary: \$ \_\_\_\_\_

Are you currently on layoff status and subject to recall?  Yes  No

Are you a licensed driver in the state of Ohio?  Yes  No

## EMPLOYMENT EXPERIENCE

Please list your work experience beginning with your most recent employment. To be considered for employment, you must fill in the information below accurately and completely. You may submit a résumé in addition to completing this section.

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Supervisor</b>			
<b>Address</b>			
<b>Telephone Number</b>			
<b>Job Title</b>	<b>Hourly Rate</b>		
	<b>From</b>	<b>To</b>	
<b>Reason for Leaving</b>			
<b>May we contact this employer?</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Supervisor</b>			
<b>Address</b>			
<b>Telephone Number</b>			
<b>Job Title</b>	<b>Hourly Rate</b>		
	<b>From</b>	<b>To</b>	
<b>Reason for Leaving</b>			
<b>May we contact this employer?</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Supervisor</b>			
<b>Address</b>			
<b>Telephone Number</b>			
<b>Job Title</b>	<b>Hourly Rate</b>		
	<b>From</b>	<b>To</b>	
<b>Reason for Leaving</b>			
<b>May we contact this employer?</b>			

List professional, trade, business or civic activities and offices held.

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**EDUCATION**

<b>High School</b>	Name and Address	Course of Study	Years Completed	Did you graduate?
				Obtain GED?
<b>Undergraduate College</b>	Name and Address	Course of Study	Years Completed	Diploma /Degree
<b>Graduate Professional</b>	Name and Address	Course of Study	Years Completed	Diploma /Degree
<b>Other (Specify)</b>	Name and Address	Course of Study	Years Completed	Diploma /Degree

Indicate any foreign language(s) you can speak, read and/or write:

Speak      **Fluent** \_\_\_\_\_      **Good** \_\_\_\_\_      **Fair** \_\_\_\_\_

Read        **Fluent** \_\_\_\_\_      **Good** \_\_\_\_\_      **Fair** \_\_\_\_\_

Write        **Fluent** \_\_\_\_\_      **Good** \_\_\_\_\_      **Fair** \_\_\_\_\_

Describe any specialized training and skills.

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Computer Software: \_\_\_\_\_

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Computer Programming: Language(s): \_\_\_\_\_

Office Equipment: \_\_\_\_\_

**Licensure / Certifications:**

Please indicate type, number, licensing entity and expiration date, if applicable.

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**ADDITIONAL INFORMATION**  
**OTHER QUALIFICATIONS/ PUBLICATIONS/ PROFESSIONAL AFFILIATIONS**

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**REFERENCES**

1.	<hr/> <b>Name</b>	<hr/> <b>Telephone Number</b>
	<hr/> <b>Address</b>	<hr/> <b>Email</b>
2.	<hr/> <b>Name</b>	<hr/> <b>Telephone Number</b>
	<hr/> <b>Address</b>	<hr/> <b>Email</b>
3.	<hr/> <b>Name</b>	<hr/> <b>Telephone Number</b>
	<hr/> <b>Address</b>	<hr/> <b>Email</b>

## RELEASE OF INFORMATION

I, \_\_\_\_\_, maiden name \_\_\_\_\_, do hereby request any law enforcement agency, governmental agency, bureau of motor vehicles, military agency, or past employer to release to Lorain County Board of Mental Health, upon their request a copy of any report, document, record, criminal record, medical history, or other information regarding my character, integrity and reputation. Further, I do hereby agree that a photocopy hereof may be used with the same effect as though it were the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Telephone Number

**\*Date of Birth is optional, however, if lack of a date of birth prevents Lorain County Board of Mental Health from obtaining a creditable background check your opportunity for employment could be affected.**

**PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING  
AUTHORIZATION FORM**

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**I understand that all applicants of this company must be tested for controlled substances as a pre-condition for employment.**

**I authorize the test provider to the drugs-of-abuse urine collection and its testing.**

**I understand that a minimum detectable level (zero tolerance) for controlled substance(s) will disqualify me for a position with the Lorain County Board of Mental Health.**

**The review officer will maintain the results of my controlled substance test results and will be forwarded to the Lorain County Board of Mental Health. The results will not be released to any other parties without my written authorization.**

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**I understand the above conditions and hereby agree to comply with them.**

\_\_\_\_\_  
**Applicant's Name [Please PRINT]**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

# **DISCLOSURE STATEMENT / ACKNOWLEDGEMENT AND CONSENT**

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## **DISCLOSURE STATEMENT**

As part of our employment screening process, LCBMH requires employees to undergo an employment background check following a conditional offer of employment.

Accordingly, LCBMH may obtain a consumer report for employment purposes as part of a background investigation. Inquiry may include, but may not be limited to felony and misdemeanor conviction records.

This disclosure is made pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(A).

## **ACKNOWLEDGEMENT AND CONSENT**

I hereby acknowledge, by my signature below, review and understanding of the above Disclosure Statement.

I additionally hereby grant consent for LCBMH to conduct a background check as a condition of my employment, and for its consumer-reporting agency to release to LCBMH, or its authorized representative, any and all factual information pertaining to my criminal history. I further hereby grant consent for LCBMH, at the discretion of the Executive Director, to share the results of my background check with other organizations, on a need to know basis, for business related reasons.

I release LCBMH and its authorized representatives from all liability related to the release and use of my criminal history records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date