



EIGHTH DISTRICT COURT OF APPEALS OF OHIO

1 Lakeside Avenue, Cleveland, Ohio 44113

www.appeals.cuyahogacounty.gov

EMPLOYMENT APPLICATION

It is the policy of the Eighth District Court of Appeals to provide equal opportunity in employment and advancement to all qualified individuals without regard to race, color, religion, age, sex, national origin, ancestry, disability, genetic information, or sexual orientation. Discrimination is prohibited by federal and state law. To be considered for employment: Complete entire application. Do not indicate "refer to résumé." Be sure to sign and date the application. A résumé may be submitted separately.

TODAY'S DATE _____ POSITION APPLIED FOR _____

DATE AVAILABLE _____ ANNUAL SALARY REQUIRED _____

PERSONAL DATA

NAME _____

LAST

FIRST

MI

ADDRESS _____

NUMBER

STREET

CITY

STATE

ZIP CODE

(____) _____

(____) _____

HOME PHONE

CELL PHONE

E-MAIL ADDRESS _____

ARE YOU OVER EIGHTEEN YEARS OF AGE?

YES NO

ARE YOU A U.S. CITIZEN OR OTHERWISE ELIGIBLE TO WORK IN THE UNITED STATES?

YES

NO

(BY LAW, ALL PERSONS HIRED ARE REQUIRED TO SHOW PROOF OF IDENTITY AND EMPLOYMENT ELIGIBILITY)

EDUCATION AND TRAINING

	NAME AND ADDRESS	MAJOR	DEGREE EARNED	HIGHEST LEVEL COMPLETED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS/TRADE				
OTHER				

IF YOU DID NOT GRADUATE, DID YOU RECEIVE A G.E.D.? YES NO
 IF APPLICABLE, ARE YOU A MEMBER IN GOOD STANDING OF THE OHIO BAR? YES NO

TYPING/KEYBOARDING YES NO _____ WPM (approximate)
 SHORTHAND YES NO _____ WPM (approximate)
 PERSONAL COMPUTER YES NO

LIST ANY LANGUAGES THAT YOU SPEAK, READ OR WRITE FLUENTLY:

USE THIS SPACE FOR AN EXPLANATION OF ADDITIONAL SKILLS OR SPECIALIZED TRAINING THAT YOU MAY HAVE RECEIVED. (FOR EXAMPLE: SOFTWARE PACKAGES, LICENSES, CERTIFICATIONS, SPECIALIZED SEMINARS, ETC.)

MILITARY SERVICE

(OPTIONAL)

HAVE YOU HAD ANY MILITARY SERVICE IN THE U.S. ARMED FORCES? YES NO

IF YES, BRANCH OF SERVICE _____

DATES OF SERVICE: FROM MO/YEAR _____ MO/YEAR _____

DICHARGE DATE AND RANK: _____ TIME SERVED: _____

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT POSTION

COMPANY NAME AND ADDRESS _____ PHONE _____
LENGTH OF EMPLOYMENT: MO/YEAR _____ TO: MO/YEAR _____ SUPERVISOR _____
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO
JOB TITLE _____
JOB DUTIES _____

SALARY STARTING \$ _____ PER _____ CURRENT \$ _____ PER _____
 FULL TIME PART TIME REASON FOR LEAVING _____

SECOND LAST POSITION

COMPANY NAME AND ADDRESS _____ PHONE _____
LENGTH OF EMPLOYMENT: MO/YEAR _____ TO: MO/YEAR _____ SUPERVISOR _____
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO
JOB TITLE _____
JOB DUTIES _____

SALARY STARTING \$ _____ PER _____ ENDING \$ _____ PER _____
 FULL TIME PART TIME REASON FOR LEAVING _____

THIRD LAST POSITION

COMPANY NAME AND ADDRESS _____ (____) _____ PHONE _____

LENGTH OF EMPLOYMENT: MO/YEAR _____ TO: MO/YEAR _____ SUPERVISOR _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

JOB TITLE _____

JOB DUTIES _____

SALARY STARTING \$ _____ PER _____ ENDING \$ _____ PER _____

FULL TIME PART TIME REASON FOR LEAVING _____

GENERAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY ANOTHER GOVERNMENT AGENCY? YES NO

_____ AGENCY YOUR TITLE DATE(S) OF SERVICE

HAVE YOU EVER APPLIED HERE BEFORE? YES NO _____

DATE OF APPLICATION

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COURT OF APPEALS OR THE OHIO SUPREME COURT?

YES NO IF YES, PLEASE LIST NAME, RELATIONSHIP AND DEPARTMENT _____

LIST OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED (e.g. maiden name) _____

REFERENCES

PLEASE LIST NAMES AND ADDRESSES OF THREE PERSONS WE MAY CONTACT FOR A PROFESSIONAL RECOMMENDATION. (DO NOT LIST FORMER EMPLOYERS OR RELATIVES)

NAME	RELATIONSHIP	ADDRESS CITY/STATE/ZIP	PHONE
			()
			()
			()

APPLICATION WILL NOT BE ACCEPTED IF THIS AFFIRMATION IS OMITTED

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ANY FALSIFICATION OR OMISSION, EITHER ON THIS FORM OR IN RESPONSE TO QUESTIONS ASKED DURING MY INTERVIEW OR EXAMINATION PROCESS OR ON ANY EMPLOYMENT FORMS I SUBSEQUENTLY COMPLETE, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, NO MATTER WHEN THE FALSIFICATION OR OMISSION IS DISCOVERED.

SIGNATURE

DATE

AUTHORIZATION TO PERFORM BACKGROUND CHECK

Please read the following before signing:

**AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION
AND WAIVER OF PRIVACY RIGHTS:**

I, _____, hereby authorize the Eighth District Court of Appeals and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the Eighth District Court of Appeals and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

1. Interviews
2. Proof of identify and employment eligibility for work in the U.S.
3. Education and reference checking
4. Testing (if applicable to the position for which you are applying)
5. Criminal record check

SIGNATURE

DATE