

SEPTA CORRECTIONAL FACILITY

7 W Twenty-Nine Drive
Nelsonville, OH 45764



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: Consideration is given to all applicants without regard to race, color, religion, sex, ancestry, national origin, age, physical disability or handicap.

U.S. CITIZENSHIP/RESIDENT ALIEN STATUS: We will hire only those persons who are authorized by law to work in the United States. Any offer of employment, if made, will be conditioned upon your production of documentation to prove your employment eligibility status under the IMMIGRATION REFORM AND CONTROL ACT OF 1986.

Position applied for: _____

An application form must be completed for each position for which the applicant is applying. Resumes are NOT accepted in lieu of an application form. The application will be kept on active file only for thirty days.

How did you learn of this opening? _____

SECTION I - PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Street Address					
City		State		Zip Code	
County		Phone (Area Code & Number)		(Optional) Work Number	

Are you interested in:	Full-time Permanent Work?	
	Part-time Work?	

MILITARY SERVICE

Prior or current military service:	Yes:		No:	
Branch of Service:	Technical Specialization:		Rank:	

SECTION II - EXPERIENCE

In the areas below, please type or print legibly 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. NOTE: A resume **may not** be used as a substitute for completing this section.

Present or Most Recent Employer:

Employer's name:	Telephone number:
Employer's address:	Employed (mm/yy) From: To:
Name and Title of Supervisor:	Annual Salary Beginning: Ending:
Job Title and Job Description:	Reason for Leaving:
May we contact?	

Next most recent job:

Employer's name:	Telephone number:
Employer's address:	Employed (mm/yy) From: To:
Name and Title of Supervisor:	Annual Salary Beginning: Ending:
Job Title and Job Description:	Reason for Leaving:
May we contact?	

Next most recent job:

Employer's name:	Telephone number:
Employer's address:	Employed (mm/yy) From: To:
Name and Title of Supervisor:	Annual Salary Beginning: Ending:
Job Title and Job Description:	Reason for Leaving:
May we contact?	

SECTION III - EDUCATION AND TRAINING

EDUCATION

Total number of years of education, including primary school:

.....

Highest academic degree or level attained:

.....

Name and address of school, college or university where degree attained. If no degree, last school attended:

.....

Major subject area for graduate degree, if any:

.....

Major subject area for graduate study without a degree, if any:

.....

Major subject area for undergraduate degree, if any:

.....

Major subject area for undergraduate study without a degree, if any:

.....

Minor subject areas for undergraduate degree, if any:

.....

Please list the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area. NOTE: A transcript MAY NOT be substituted for this section.

EXAMPLE ONLY:		COURSE WORK AREA	NO. OF COURSES
A list of course work areas for a position as a purchasing agent might include:			
Course Work Area	No. Of Courses		
Procurement	6		
Inventory Control	3		
Bookkeeping	3		
Public Relations	1		
Government	1		
Budgeting	1		

TRAINING AND OTHER QUALIFICATIONS -

If you have received TRAINING in an area which you feel is relevant to the position for which you are applying, including law enforcement training and/or certification, please submit the following information (do not include training gained as a part of your education as described above):

Type of Training	Organization	Length of Training	Subject(s) Covered

SECTION IV - MISCELLANEOUS

The following information will be used only if it is directly related to the classification/positions for which you are applying:

	YES	NO
1. Are you willing and able to secure an Ohio Driver's License, if a license is required?		
2. If necessary, can you supply your own transportation for work use?		
3. Have you ever been employed in the state or county service of Ohio?		
4. Have you been convicted of any felony?		
5. Have you ever been accused, investigated, civilly or administratively adjudicated, or convicted of engaging or attempting to engage in sexual abuse with an inmate, resident, client or someone in your custody or in the community?		

If you have answered "YES" to question 3, 4 or 5 please explain fully below, indicating by number to which question you are responding.

EMERGENCY INFORMATION - List one person who will always know your whereabouts.

NAME ADDRESS CITY STATE ZIP CODE PHONE

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

PREVIOUS ADDRESSES- Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with date of residence for each previous address.

ADDRESS CITY STATE ZIP CODE DATES OF RESIDENCE

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired of my employment and I hereby consent that they may disclose such knowledge or information to the SEPTA Correctional Facility. Any omission or falsification of this application will result in immediate termination.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant this ____ day of _____, 20 ___, at County of _____ and State of _____

SIGNATURE OF OFFICER _____

OFFICIAL TITLE _____

My commission expires _____