



WARREN COUNTY COMMUNITY SERVICES, INC.
 570 NORTH STATE ROUTE 741, LEBANON, OH 45036

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS OUR PHILOSOPHY, INTENT, AND COMMITMENT TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO GENETIC INFORMATION, RACE, COLOR, RELIGION, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, MILITARY OR VETERAN STATUS, PREGNANCY STATUS, MENTAL OR PHYSICAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR ANY OTHER STATUS PROTECTED BY LAW.

Please do not leave any questions blank. Do not substitute "see resume" for any requested information. Attach extra sheets if needed. Complete one application for every job for which you are applying.

PERSONAL DATA	
LAST NAME	FIRST MIDDLE DATE
STREET ADDRESS	
HOME PHONE	
CITY, STATE, ZIP	
CELL PHONE	
HOW LONG HAVE YOU LIVED IN OHIO?	
SSN (ENTER LAST 4 NUMBERS ONLY)	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMAIL ADDRESS	
POSITION DESIRED	
SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN WOULD YOU BE ABLE TO BEGIN WORK?
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR (OTHER THAN TRAFFIC VIOLATIONS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*IF YES, EXPLAIN: _____	
<i>NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM AN EMPLOYMENT</i>	
HOW MANY TRAFFIC VIOLATIONS HAVE YOU BEEN CITED FOR IN THE LAST 5 YEARS?	
ARE YOU SUBJECT TO ANY AGREEMENTS, CONTRACTS, REQUIREMENTS OR UNDERSTANDINGS SUCH AS A NON-COMPETE AGREEMENT THAT COULD LIMIT YOUR ABILITY TO PERFORM WORK FOR OUR COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe) _____	
HOW DID YOU LEARN OF OUR COMPANY? _____	
ARE YOU RELATED TO ANYONE EMPLOYED BY OUR COMPANY? _____	



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EMPLOYMENT HISTORY (List most recent employer first)	
COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (MM/YY) From: _____ To: _____
NAME & TITLE OF SUPERVISOR	HOURLY/ANNUAL PAY START \$ _____ FINISH \$ _____
JOB TITLE & JOB DESCRIPTION	
REASONS FOR LEAVING	

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (MM/YY) From: _____ To: _____
NAME & TITLE OF SUPERVISOR	HOURLY/ANNUAL PAY START \$ _____ FINISH \$ _____
JOB TITLE & JOB DESCRIPTION	
REASONS FOR LEAVING	

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (MM/YY) From: _____ To: _____
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EDUCATION												
	HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree/GED												
Course of Study												
Honors Received												
<i>Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.</i>												

SPECIAL SKILLS & TRAINING
PLEASE LIST ANY COMPUTER PROGRAMS YOU HAVE EXPERIENCE WITH (SUCH AS WORD, EXCEL, POWER POINT, OUTLOOK):
OTHER THAN ENGLISH, PLEASE LIST IN LANGUAGES YOU SPEAK AND/OR WRITE FLUENTLY:
PLEASE LIST ANY OTHER ADVANCED TRAINING, LICENSURES, CONTINUING EDUCATION, OR SPECIAL STUDY EXPERIENCE THAT YOU THINK WOULD BE HELPFUL IN THE POSITION FOR WHICH YOU ARE APPLYING.

REFERENCES (PLEASE LIST PEOPLE TO WHOM YOU HAVE DIRECTLY REPORTED IN THE PAST)			
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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APPLICANT'S ACKNOWLEDGMENT

I understand and agree that, if I am employed by Warren County Community Services, Inc. (WCCS), my employment is entirely "at will," which means it is not guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, at the option of either WCCS or myself. I understand and agree that WCCS may reserve the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at any time. I understand and acknowledge that WCCS has made no oral or written agreements or promises of any kind pertaining to the terms of my employment.

I authorize Warren County Community Services, Inc., to investigate my background, qualifications, driving record and/or any other information as required, or from whomever it deems appropriate, at the time of hire or at any time after hire. I authorize any third parties that WCCS contacts as part of its investigation to release any information they have regarding me or my employment to WCCS or its representatives. I hereby release all third parties from all liability for any damage that may result from furnishing such information to WCCS. Further, should WCCS provide any information about me or my employment to others, including prospective employers, I hereby release WCCS from all liability in connection with such disclosure.

I understand that I will be required to complete and pass a criminal background check and drug/alcohol screen in order to be hired for the position for which I am applying. I understand that background checks will also include any website checks that may be required by WCCS, State and Federal regulations for employees working with children and/or with older adults and that future criminal background checks will be required to maintain employment. I further understand that I may be subject to random drug and/or alcohol screens while employed with WCCS.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed by the Company, any false statements on this application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same, and voluntarily acknowledge all of the provisions contained here.

READ CAREFULLY BEFORE SIGNING

I agree that I must file any claim or lawsuit relating to my employment with Warren County Community Services, Inc., or any of its related entities, owners or employees no later than six (6) months after the date of the adverse action that is the subject of any claim or lawsuit. I waive any statute of limitations to the contrary. This waiver is knowing and voluntary.

APPLICANT'S SIGNATURE

DATE