

**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				Social Security No.	
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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If necessary, can you supply your own transportation for work use?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county service of Ohio?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of any felony?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "YES" to question 3 or 4, 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.

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 \_\_\_\_\_