



ALLEN COUNTY COURT OF COMMON PLEAS **PROBATE & JUVENILE DIVISIONS**

Non-Employee Application

BIOGRAPHICAL / RESIDENTIAL INFORMATION

Name (printed): _____
(First) (Middle) (Last)

Former Name(s): _____
(Maiden Name if applicable) (Junior, II, III, Etc.)

Drivers License No.: _____ **Issuing State:** _____
(Or State I.D.)

Current Address: _____
(Number) (Street, Road, Etc.) (Apt. / Unit / Suite)

(City) (State) (Zip)

Previous Address: _____
(Most Recent) (Number) (Street, Road, Etc.) (Apt. / Unit / Suite)

(City) (State) (Zip)

CONTACT INFORMATION

eMail Address: _____

Home Phone: _____ **Mobile Phone:** _____

- **Note:** If no phone number is available, please provide us with the name and number of a contact person.

Contact Name: _____ **Contact Number:** _____

TYPE OF SERVICE AND AREA OF INTEREST (Check all that apply)

☐ **Personal**
☐ **Technical**
☐ **Undergraduate**
☐ **Graduate**

☐ **Corrections** ☐ **Social Work &/or Counseling**
☐ **Law Enforcement** ☐ **Mentoring**
☐ **Education** ☐ **Faith Based Services**
☐ **Occupational Therapy** ☐ **Other:** _____

CONFIDENTIAL

Background Check Authorization for Judicial & Criminal Justice Purposes

Allen County Court of Common Pleas
Probate & Juvenile Divisions

Pursuant to Ohio Administrative Code: 5139-37-05(A)(2)(a-c), All applicants are required to submit to testing for illegal drug use and to a criminal background check by the Ohio Bureau of Criminal Investigation & Identification, which shall include providing fingerprint impressions or digital scans.

Statement of Consent and Understanding Regarding Background Investigation

By affixing my signature below, I acknowledge and understand that the Court requires a high degree of integrity and confidentiality of its interns, service providers, and volunteers and that the nature of this service requires that I do not have a history of violence or recent unlawful activities. I also understand and accept that the nature of my service is such that various law enforcement entities, public agencies, and service providers must be confident in my ability to maintain confidentiality and I must avoid acts which are unlawful or which might reflect negatively upon the Court or its community partners in both my public and private conduct in order that the public's trust in the judiciary might be steadfastly maintained. I therefore acknowledge and understand that it will be necessary for the Court to conduct a thorough investigation into my background. I agree to provide my date of birth and social security number solely to assist in the completion of my background investigation.

Date of Birth: ____/____/____ **S.S.N.:** ____ - ____ - ____

By affixing my signature below, I hereby authorize the Court and its designated agents or representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative report to be generated for internship, contracted services, or volunteer purposes. I understand that the scope of the consumer/investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county, or other municipal jurisdictions; driving records, birth records, and any other public, private, or corporate record.

I further authorize any individual, company, firm, corporation, private business, or public agency (including the United States Social Security Administration and any law enforcement agency) to divulge any and all information, verbal or written, pertaining to me, to the Probate & Juvenile Divisions of the Allen County Court of Common Pleas or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, private business, or public agency may have, to include information or data received from other sources.

I hereby release the Probate & Juvenile Divisions of the Allen County Court of Common Pleas, the United States Social Security Administration, any individual, company, firm, corporation, private business, other public agencies, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Applicant

Signature: _____ **Date:** ____/____/____

EQUAL OPPURTUNITY EMPLOYER & CRIMINAL HISTORY POLICY STATMENT

The Probate & Juvenile Divisions of the Allen County Court of Common Pleas is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status. While an individual's criminal history is not considered as part of the initial application screening process, applicants should be aware that a complete criminal history will be obtained and considered prior to an offer of employment as part of the background/character investigation process.

CURRENT EMPLOYER'S INFORMATION

[] Check this box if you are currently unemployed.

Current Employer: _____

Address: _____
 (Number) (Street, Road, Etc.) (Apt. / Unit / Suite)

(City) (State) (Zip)

Phone: _____ **Fax:** _____

Current Position / Job Title: _____ **Salary:** _____

Current Supervisor's Name: _____

Date Hired: _____ **Can we contact this employer?** ☐ Yes ☐ No

Describe your duties, responsibilities, equipment operated, promotions, accomplishments, etc.:

[illegible]

ACADEMIC INFORMATION

High School Attended: _____

Address:

(Number)

(Street, Road, Etc.)

(Apt. / Unit / Suite)

(City)

(State)

(Zip)

Did you graduate? ☐ Yes (Year? _____) ☐ *No (Obtained G.E.D.? ☐ Yes ☐ No)

University, College, or Trade School Attending: _____

Address:

(Number)

(Street, Road, Etc.)

(Apt. / Unit / Suite)

(City)

(State)

(Zip)

Degree: _____ Recognitions: _____

Major: _____ Minor: _____

Graduate School Attended: _____

Address:

(Number)

(Street, Road, Etc.)

(Apt. / Unit / Suite)

(City)

(State)

(Zip)

Did you graduate? ☐ No ☐ Yes - Year? _____ Final Grade Point Average: _____

Degree: _____ Recognitions: _____

Area of Study: _____

ADDITIONAL INFORMATION AND NOTES

Referring Professor: _____ Course: _____

EMERGENCY CONTACT INFORMATION

Name (printed): _____
(First) (Middle) (Last)

Phone Numbers: Work/Home: _____ Mobile _____

eMail Address: _____

Name (printed): _____
(First) (Middle) (Last)

Phone Numbers: Work/Home: _____ Mobile _____

eMail Address: _____

Statement of Consent and Understanding Regarding Conditions of Internship or Volunteer Service

1. By affixing my signature below, I acknowledge the unique role and function of the Court in the community and therefore agree that the Court may terminate the Agreement, with or without cause and at the sole discretion of the Court, or in the event that I engage in conduct or behavior which is criminal in nature, or which causes a disruption in the operation of the Court or any of its departments, or which adversely reflects upon the Court in the performance of its function in the community. Such conduct is not limited to that which occurs during such times as I am actively participating in the internship or volunteer service under this Agreement.
2. Further; I understand that I shall not be entitled to financial compensation of any kind, including without limitation, any wages and/or fringe benefits associated with employment by the Allen County Juvenile Court during the term of my internship or volunteer service.
3. Further; my duties shall be to report as instructed to a staff member designated by the Court, and to perform any assigned duties in accordance with the Staff member's discretion.
4. Further; I acknowledge the importance of confidentiality and understand that pursuant to Ohio Revised Code Section 2151.14, the records of the Allen County Juvenile Court are confidential and shall not be made public. I shall, in the course of my internship or volunteer service, be permitted access to confidential records and information regarding specific youth involved with the Allen County Juvenile Court. I acknowledge that no dissemination, verbal or written, of any information received or records maintained on any youth or family are to be made public by me, during or after the term of my internship or volunteer service. I will immediately forward any request for such records or information made to me to my assigned Court Supervisor and/or the Court Administrator.
5. I hereby authorize the investigation of all statements contained in this application.

Applicant
Signature: _____ Date: ____/____/____

ACKNOWLEDGMENT OF RISKS, WAIVER OF CLAIMS, & HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement (“Agreement”) is made and entered into upon execution here below by and between the individual submitting this application (“Participant”) and the Allen County Probate & Juvenile Court, including its Judge, Court Administrator, employees, agents, and representatives (collectively referred to as “Allen County”).

1. Acknowledgment of Risks

The Participant acknowledges and understands that the duties performed for the Allen County Probate & Juvenile Court, including work at the Courthouse, secured juvenile detention center, Allen County Community Engagement & Support Services Center, and in community settings, may involve certain risks. These risks include, but are not limited to:

- Training involving defensive tactics, use of defensive aerosols, and other equipment.
- Travel-related risks.
- Exposure to youth and individuals who may be under emotional duress and have the potential to become volatile, hostile, threatening, or assaultive.

2. Waiver of Claims

The Participant hereby waives, releases, and discharges any and all claims, demands, actions, or causes of action against Allen County, Ohio, the Allen County Probate & Juvenile Court, the Judge, Court Administrator, and various employees (collectively “Released Parties”) that may arise from the Participant’s involvement with the Allen County Probate & Juvenile Court, including but not limited to any claims resulting from injury, death, or property damage.

3. Hold Harmless

The Participant agrees to hold harmless, indemnify, and defend the Released Parties from and against any and all claims, actions, damages, liabilities, costs, and expenses (including reasonable attorney’s fees) arising from or related to the Participant’s activities or participation in the programs conducted by the Allen County Probate & Juvenile Court.

4. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

5. Severability

If any provision of this Agreement is found to be unenforceable or invalid, that provision shall be limited or eliminated to the minimum extent necessary so that the remaining provisions of this Agreement shall remain in full force and effect.

6. Acknowledgment of Understanding

By affixing their signature in the box hereafter, the participant acknowledges that they have read this agreement, understand its contents, and voluntarily agree to its terms.

Applicant

Signature: _____ **Date:** ____/____/____

Court Representative

Signature: _____ **Date:** ____/____/____