



A Program of OIC of Clark County:
10 S. Yellow Springs St, Springfield, Ohio 45506
Phone (937) 323-6464 Fax (937) 324-4580

REASONS YOU USE SUREHIRE?

- Markets your specific skills and qualifications to local employers
- Reduces time spent on filling out applications
- Acts as a liaison between yourself and the employer to help you secure employment

STEPS TO YOUR EMPLOYMENT:

- I. Completed Packet**
- II. Current Resume**
- III. Social Security Numbers and Birth Dates for ALL household members (CSBG Intake form, if applicable)**
- IV. Proof of income for yourself and members of your household for the past 90 days (if applicable)**
- V. Call 937-323-6464 to schedule an appointment (Plan on an hour)**
- VI. If you fail to cancel or show up to your appointment without reasonable explanation, SureHire will not reschedule or assist you with employment placement.**

** Companies through SureHire require a criminal background check **
** Please see the back of this page for a listing of all O.I.C. of Clark County services **

CSBG Intake

SS# _____ - _____ - _____ LAST NAME _____ FIRST NAME _____
 DOB _____ ADDRESS _____
 CITY _____ ZIP CODE _____ PHONE _____
 GENDER _____ DISABLED Y N FOOD STAMPS Y N VETERAN Y N

ETHNICITY ASIAN	<input type="checkbox"/> BLACK/AFRICAN AMER.	<input type="checkbox"/> HISPANIC	<input type="checkbox"/>
	<input type="checkbox"/> WHITE/CAUCASIAN	<input type="checkbox"/> NATIVE AMER.	<input type="checkbox"/> OTHER
EDUCATION GRAD/GED	<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 (NON-GRAD)	<input type="checkbox"/> HS
	<input type="checkbox"/> 12+	<input type="checkbox"/> COLLEGE GRAD	<input type="checkbox"/> UNKNOWN
HEALTH INS. UNKNOWN	<input type="checkbox"/> MEDICAID <input type="checkbox"/> SELF-INSURED	<input type="checkbox"/> MEDICARE <input type="checkbox"/> NONE	<input type="checkbox"/> PRIVATE <input type="checkbox"/>
FAMILY TYPE	<input type="checkbox"/> SINGLE PARENT/FEMALE	<input type="checkbox"/> SINGLE PARENT/MALE	<input type="checkbox"/> TWO PARENT
	<input type="checkbox"/> SINGLE	<input type="checkbox"/> COUPLE	<input type="checkbox"/> OTHER
HOUSING	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	<input type="checkbox"/> HOMELESS
INCOME	<input type="checkbox"/> WEEKLY <input type="checkbox"/> ANNUAL	<input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 13 WEEKS	<input type="checkbox"/> MONTHLY <input type="checkbox"/> AMOUNT
SOURCES OF INCOME	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> AFCD/TANF <input type="checkbox"/> PENSIONS	<input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> DA <input type="checkbox"/> DISABILITY	<input type="checkbox"/> SOCIAL SEC. <input type="checkbox"/> SSI/SSD <input type="checkbox"/> OTHER

HOUSEHOLD MEMBERS

SS#	Last Name	First Name	Date of Birth	Gender	Disabled	Ethnicity	Education	Health Ins.	Veteran	Income: Period	Amount	Source

ID #							
Units							
Date							

	Name	Date
Intake		
Data Entry		

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any or all information necessary for verification purposes.

Signature of Client

Date

Comments: _____

Personal Information Profile

Have you registered with OIC before? _____

County: _____

E-Mail Address: _____

Marital Status: _____

Number of Dependents: _____

Are you a Veteran? Yes No

Do you have:

Drivers License Yes No

Reliable Child Care Yes No

Physical Limitations Yes No

Stable Housing Yes No

Felony Conviction Yes No

Charge: _____ Year: _____

Traffic Charges/DUI Yes No

Can you pass a drug screen for illegal substances?
 Yes No

Job Objective: _____

Shifts Available: 1st 2nd 3rd part-time

Can you work overtime? Yes No

On a regular basis? Yes No

Can you work weekends? Yes No

Can you work holidays? Yes No

Are benefits important? Yes No

Minimum Hourly Expected: \$ _____

Workman's Comp (current or pending) Yes No

Diploma or GED: _____

College and Course of Study: _____

Technical Training: _____

Other Training/Information: _____

PROFESSIONAL REFERENCES-PLEASE PRINT-

(Work references are preferable; do not list relatives or people listed above.)

1. Name/Title: _____ Phone w/Area code: _____

Company Name: _____ Relationship to Applicant: _____

Address (Street/City/State/Zip): _____

2. Name/Title: _____ Phone w/Area code: _____

Company Name: _____ Relationship to Applicant: _____

Address (Street/City/State/Zip): _____

3. Name/Title: _____ Phone w/Area code: _____

Company Name: _____ Relationship to Applicant: _____

Address (Street/City/State/Zip): _____

REFERENCE AND ASSESSMENT RELEASE FORM

I, _____ do hereby authorize consent and grant O.I.C. of Clark County authority to obtain information pertaining to my current and/or previous employment and to share my assessment information with potential employers. I understand this information will be used by O.I.C. of Clark County for the purpose of assisting me in my search for future employment opportunities. I understand that if my employment references return unfavorably, O.I.C. reserves the right to decline placement services.

Signed: _____ Date: _____/_____/_____

Personal Employment Information

PLEASE PRINT

Current Employer _____

Phone Number: _____

(If you aren't currently employed, skip down)

Address: _____ City: _____ State: _____ Zip: _____

How long have you been there? _____ Start Date: _____ What are you paid? _____

What is your job title? Please be specific. _____ How long have you been in this position? _____

What are your duties? Be specific.

What is the reason you are looking for new employment?

Who is your boss? _____ Who may I contact for a reference? _____

Past Employer: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you been there? _____ Start Date: _____ What are you paid? _____

What is your job title? Please be specific. _____ How long have you been in this position? _____

What are your duties? Be specific.

What is the reason you are looking for new employment?

Who is your boss? _____ Who may I contact for a reference? _____

Past Employer: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you been there? _____ Start Date: _____ What are you paid? _____

What is your job title? Please be specific. _____ How long have you been in this position? _____

What are your duties? Be specific.

What is the reason you are looking for new employment?

Who is your boss? _____ Who may I contact for a reference? _____

Past Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you been there? _____ Start Date: _____ What are you paid? _____

What is your job title? Please be specific. _____ How long have you been in this position? _____

What are your duties? Be specific.

What is the reason you are looking for new employment?

Who is your boss? _____ Who may I contact for a reference? _____

Past Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you been there? _____ Start Date: _____ What are you paid? _____

What is your job title? Please be specific. _____ How long have you been in this position? _____

What are your duties? Be specific.

What is the reason you are looking for new employment?

Who is your boss? _____ Who may I contact for a reference? _____

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Address: _____ City: _____ State: _____ Zip: _____

How long have you been there? _____ Start Date: _____ What are you paid? _____

What is your job title? Please be specific. _____ How long have you been in this position? _____

What are your duties? Be specific.

What is the reason you are looking for new employment?

Who is your boss? _____ Who may I contact for a reference? _____

PRE-SCREENING INTERVIEW QUESTIONS

***Please take your time answering these questions. Companies will review this.**

1. What are the most important things you look at when you are considering a job?

2. What did you do best at your last (or current) job?

3. What did you dislike doing at your last (or current) job?

4. What is/are the reasons you left previous jobs? How did you leave these jobs?

5. Explain in detail all gaps in your employment history.

6. Describe your most recent supervisor and his or her leadership style.

7. What type of work environment brings out the best in you?

8. Willing to work: weekends___ holidays___ overtime_____ extended shifts over 8 hrs_____

9. List two things you would like to avoid in a job and why.

1. _____

2. _____

10. Tell me about a time that you had to miss work that was unscheduled. (not vacation or planned day off)

11. Give me an example of how you respond when you become angry or upset on the job.

12. What would you consider to be your greatest strength?

13. What would you consider to be your greatest weakness?

What efforts have you made to improve this weakness?

14. How do you think an employer should address an employee's problem in performance? Give three steps.

1. _____

2. _____

3. _____

15. Why should a company choose to hire you?

Name: _____ SS#: _____

SUREHIRE ALCOHOL AND DRUG SCREENING POLICY

As a participant in the SUREHIRE program I agree to abide by the following alcohol and drug screening process.

1. All participants will be given pre-employment urine screens to be scheduled at the discretion of the program director.
2. The Mercy Health Partners Occupational Health staff will conduct pre-employment urine screens at their facility. Customers will follow all urine screen procedures as directed by the Occupational Health professionals.
3. Customers who are absent on the day of the urine screen must report to the Occupational Health building for a urine screen within 24 hours of the initial screening day and submit to an “observed urine screen”
4. Customers who are unable to provide a urine sample on the day of the initial screening must report to the Occupational Health facility for an “observed urine screen” within 24 hours of the initial screening day.
5. Customers with inconclusive or dilute test results must provide an “observed urine screen” at the Occupational Health facility within 24 hours of the inconclusive or dilute test results.
6. Customers with a positive test result will be referred to the OND Alcohol & Drug Specialist for further evaluation and assessment.
7. Customers who test positive will not be eligible for work with the job developer and will not be considered for employment referrals until a negative urine screen can be provided.
8. Customers who test positive on two consecutive occasions will be exited from the program and referred back to the original referral source.
9. Customers who refuse to or fail to follow-up with the Drug & Alcohol Specialist will be exited from the program.

Participant Signature

Date

- Business**
- Accounting-Accounts Payable
- Accounting-Accounts receivable
- Accounting-Auditor
- Accounting-Balance Sheet
- Accounting-Bank Reconciliation
- Accounting-Banking
- Accounting-Billing
- Accounting-Bookkeeper
- Accounting-Budget
- Accounting-Certified Public Accountant (CPA)
- Accounting-Collections
- Accounting-Computerized Payroll
- Accounting-Controller
- Accounting-Cost Accounting
- Accounting-Financial Analyst
- Accounting-General
- Accounting-General Accounting
- Accounting-General Ledger
- Accounting-Invoicing
- Accounting-Loan Clerk
- Accounting-Manual Payroll
- Accounting-Non-Profit
- Accounting-Payroll Accounting
- Accounting-Peachtree Software
- Accounting-Profit/Loss
- Accounting-Quicken
- Accounting-Staffing Accountant
- Accounting-Tax Accountant
- Advertising- Graphic Design
- Advertising-Layout
- Advertising-Newsletter
- Advertising-Sales
- Advertising-Typesetting
- Business Mgt.- Buyer
- Business Mgt.- Purchasing
- Customer Service/Sales
- Customer Service/Sales-Bank Teller
- Customer Service/Sales-Cust. Service Rep.
- Customer Service/Sales-Inside Sales
- Customer Service/Sales-Market Research
- Customer Service/Sales-Outside Sales
- Customer Service/Sales-Telemarketing
- Management
- Management-Banking
- Management-Food Service Manager
- Management-Real Estate
- Management-Supervisor
- Computer**
- Computer Operations
- Computer Operations- Photo Shop
- Computer Operations-Access
- Computer Operations-Excel
- Computer Operations-Harvard Graphics
- Computer Operations-Illustrator
- Computer Operations-Lotus 1-2-3
- Computer Operations-Macintosh EXP
- Computer Operations-MS Word
- Computer Operations-PageMaker
- Computer Operations-PowerPoint
- Computer Operations-Quark
- Computer Operations-Win95
- Computer Operations-Windows
- Computer Operations-WordPerfect
- Computer Programmer
- Construction**
- Carpentry-Apprentice
- Construction Blueprint Reading
- Construction- General Labor
- Construction- Journeyman Electrician
- Construction- Journeyman Other
- Construction Math
- Construction-General Labor
- Construction-Heavy Equipment Operator
- Construction-Journeyman Carpenter
- Construction-Journeyman Iron Worker
- Construction-Journeyman Mason
- Construction-Masonry
- Construction-Painting
- Construction-Roofer
- Heating and Air
- Plumbing
- Industrial Maintenance**
- Maintenance Electrical-PLCs
- Maintenance Electrical-Troubleshooting
- Maintenance-Electrical
- Maintenance-Preventative
- Mechanical-Conveyors
- Mechanical-Hydraulics
- Mechanical-Machines
- Mechanical-Pneumatics
- Mechanical-Schematics
- Mechanic-Automotive
- Mechanic-Diesel
- Mechanic-Has Own Tools
- Mechanic-Refrigeration
- Mechanic-Trailer
- Refrigeration
- Refrigeration-Ammonia
- Refrigeration-Freon
- Janitorial**
- Janitorial-
- Janitorial- Housekeeping
- Janitorial-Floor Care
- Janitorial-Hosp/Nursing Home
- Janitorial-Hotel
- Janitorial-MFG Facility
- Janitorial-Office
- Janitorial-Sanitation
- Material Management**
- Inventory Control
- Inventory Control-Computerized
- Inventory Control-Manual
- Management-Scheduling
- Material Handling
- Material Handling-Forklift Operator
- Material Handling-Hi-Lo
- Material Handling-Stand-up Forklift Operator
- Material Handling-Tow motor Operator
- Shipping and Receiving
- Shipping and Receiving-Clerk
- Shipping and Receiving-Loader
- Shipping and Receiving-Packer
- Shipping-Bills of Lading
- Stocking
- Transportation Manager
- Warehouse
- Warehouse Supervisor
- Medical**
- Emergency Svcs- Emerg. Med. Tech
- Medical
- Medical Assistant-Administer Injections
- Medical Assistant-Can Take Blood/Phlebotomist
- Medical Assistant-Can Take Vitals
- Medical Biller-Home Health Biller
- Medical Receptionist-Allergy Office
- Medical Receptionist-Dental Office
- Medical Receptionist-Ear, Nose, Throat
- Medical Receptionist-Family Practice
- Medical Receptionist-Pediatric Office
- Medical Secretary-Coding
- Medical Secretary-Medical Billing
- Medical Secretary-Medical Terminology
- Medical Secretary-Scheduling
- Medical Secretary-Transcription
- Medical- X Ray Tech
- Medical-Counseling
- Medical-Lab Tech/MLT
- Medical-Licensed Positions
- Medical-Medical Assistant Certified)
- Medical-Medical Biller
- Medical-Medical Receptionist
- Medical-Medical Secretary
- Nursing- Licensed Practical Nurse
- Nursing- Registered Nurse
- Nursing-CNA/STNA
- Nursing-Home Health Aide
- Therapy-Occupational Therapy Asst.
- Therapy-Physical Therapy Asst.

Manufacturing

- Assembling
- Assembling-Electrical
- Assembling-Soldering
- CNC Programming
- CNC Programming-PLC
- CNC Programming-Seimans Machine
- Electrical-Industrial
- Electrical-Multi-Meter Testing
- Electrical-Residential
- Engineering
- Engineering-Electrical
- Engineering-Industrial
- Engineering-Mechanical
- Engineering-Test
- Fabricating
- Fabricating-Aluminum
- Fabricating-Sheet Metal
- Fabricating-Steel
- Foundry
- Foundry-Buffing/Sanding
- Foundry-Die Casting
- Foundry-Extruding
- Foundry-Heat Treat
- Foundry-Packing Molds
- Industrial Sewing
- Industrial Sewing-Piece work
- Machine Shop
- Machine Trades
- Machine Trades-CNC Lathe Operator
- Machine Trades-CNC Machinist
- Machine Trades-CNC Mill Operator
- Machinist-Blueprints
- Maintenance
- Management-Plant Manager
- Manual Machine
- Manual Machine-Engine Lathe Operator
- Manual Machine-Mill Operator
- Manual Machine-Turret Lathe Operator
- Measuring Instruments
- Measuring Instruments-Calipers
- Measuring Instruments-Micrometers
- NC Machinist
- NC Machinist-NC Lathe Operator
- NC Machinist-NC Mill Operator
- Overhead Crane
- Press Operator
- Press Operator-Brake Press
- Press Operator-Drill Press
- Press Operator-Plastic Mold Injection
- Press Operator-Printing Press
- Press Operator-Punch Press
- Press Operator-Shear Press
- Quality Control
- Screw Machine Operator
- Screw Machine Operator-Multi-Spindle
- Supervisor-Production Supervisor
- Tool and Die Repair
- Welding
- Welding-ARC
- Welding-MIG
- Welding-Pipe
- Welding-Robotic
- Welding-SPOT
- Welding-TIG

Secretarial/Clerical

- Clerk-Mailroom Clerk
- Clerk-Typing
- Data Entry
- Data Entry- No Entry/ Retrieval Only
- Data Entry-Alpha Entry
- Data Entry-Numeric Entry
- File Clerk
- Receptionist-General
- Receptionist-Front Desk
- Receptionist-Switchboard
- Secretarial-General
- Secretarial-Admin. Assistant
- Secretarial-Executive Secretary
- Secretarial-Legal Secretary
- Secretarial-Personnel/HR Assist.
- Secretarial-Shorthand
- Secretarial-Transcription

Transport

- Dispatcher
- Driver - Over The Road
- Driver- Class A CDL-Doubles Endorsement
- Driver- Class A CDL-Triples Endorsement
- Driver- Class B CDL
- Driver- Class B CDL-Flatbed Truck
- Driver- Class B CDL-Straight Truck
- Driver- Customer SRVC Route/Route Sales
- Driver- Delivery Driver
- Driver- Taxi/ Car Transport
- Driver-Class A CDL
- Driver-Class A CDL-HazMat

Other

- General Labor
- Landscaping
- Landscaping-Buyer
- Landscaping-Nursery
- Mechanic
- Safety
- Security
- Security-Industrial
- Security-Installing Residential Systems
- Security-Public Security Officer
- Security-Residential

Additional Skills

- Accounting/Bookkeeping
- Analytical Problem Solving
- Arbitrating/Mediating/Resolving Conflict
- Assessing Priorities/Time Management
- Athletics Coaching
- Communication
- Counseling/Advertising
- Cross Cultural Competence
- Customer Service
- Data Interpretation
- Decision - making
- Dependable
- Editing
- Enterprising
- Establishing procedures & rules
- Event/Program Planning
- Inventive
- Maintaining Systems
- Managing Crisis
- Managing People
- Media Skills (video & film)
- Mentoring/Motivational others
- Negotiating
- Organized
- Performance Arts
- Promoting/Marketing/Selling
- Public Speaking
- Quantitative Skills/Working with Numbers
- Research/Investigative
- Self-Starting/Taking Initiative
- Strategizing
- Synthesizing Information
- Teaching/Training
- Working in Teams
- Working Independently
- Working Under Pressure/Meeting Deadlines
- Working with Theories
- Writing

Please list any additional training or job experience not listed below.

OIC Surehire Employment Solutions
Opportunities for Individual Change
10 S Yellow Springs Street
Springfield, Ohio 45506
Phone (937) 323-6464 Fax (937) 324-4580

BUREAU OF MOTOR VEHICLES AND ARREST RECORD FORM

I, _____, DO HEREBY AUTHORIZE CONSENT AND GRANT OIC Of Clark County authority to obtain information pertaining to my current and/or previous BMV and arrest records and share said information with _____.

I understand this information can be used to determine my eligibility for employment.

Signed: _____ date ____/____/____

Name: (first, middle, last):

Date of Birth: ____/____/____ Social Security Number: _____-____-_____

Maiden or Other names Used: _____

DRUG SCREEN AGREEMENT

I understand that I may be required to submit to a comprehensive drug-screening test. Failure to pass will result in the immediate discontinuation of service through OIC's SureHire Services.

Signature: _____ Date: ____/____/____

EMPLOYMENT AGREEMENT

I, _____, understand that SureHire Employment Solutions is not a temporary employment agency.

By accepting employment, I realize that I am not eligible for future placement opportunities through this agency for a one-year period from my date of hire.

Signature: _____ Date: ____/____/____

Springfield Police Department, Records Section
130 North Fountain Avenue, Springfield, Ohio 45502 (937) 324-7611

Note: Filling out this form is optional, and is simply a means for us to better assist you.

REQUEST FOR PUBLIC INFORMATION

- | | |
|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Motor Vehicle Accident Report | <input type="checkbox"/> Police Incident Report |
| <input type="checkbox"/> Local Police Record Check | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Other: (Describe in Detail) _____ | |

I, _____ residing at _____
Complete Name-Please Print

_____, request
Complete Address-Please Print

#1 public information as indicated upon this form. I understand the ability to produce the public information requested may depend upon the information provided by me. I also understand the information I have provided and the time and manner of my request may affect the time and the costs involved in providing the information.

_____/_____/_____
Signature Date

Information needed for accurate searches for public information found in motor vehicle accident reports, police incident reports and all other items or manner of records is as follows:

#2 Date of Incident: ____/____/____. Location of Incident: _____

Time of Incident: _____ General Description of Incident: _____

Person(s) Involved in Incident: _____

Information needed to accurately complete a person's local police record check:

#3 Name (first, middle, last): _____

Age: _____ Date of Birth: ____/____/____ Social Security Number: _____

Maiden or Other Names Used: _____

Fees Must Be Paid In Advance

The first report, local police record check, or like request received from any person, business or association each regular business day of the City is free. The second and all additional requests received for any such items each regular business day is 5 cents per "black and white" single-sided page.

Digital photographs: 15 Cents per page. Note: We can print between 4 to 8 photos per page. **Photographic prints** are 50 cents a photo (subject to price changes due to us contracting this service elsewhere)

If you are requesting a large number of photos we can place a large number of photos onto a compact disk for just \$1.00.

Passport or visa letters: \$5.00 each (per person)

Any requests for copies on any public information not included in this list of fees will generally be 5 cents per page or the City cost of the transmittal medium. Commercial interest requests for elements of public information are handled in accordance with law and policy. If you need information, please ask before you submit your request.

Mail requests: require a stamped (we recommend double the normal postage), self-addressed full-sized business envelope and any required fees before we will initiate any response to the request.

Make Checks Payable To: The City Springfield, Ohio