



# Lori M. Tyack

## Franklin County Municipal Court Clerk

Dear Potential Applicant,

Thank you for considering the Municipal Court Clerk's Office for employment. The application should be complete and accurate, particularly references, telephone numbers and employment information. All telephone numbers for references should indicate numbers where persons may be reached between 8:00 a.m. and 5:00 p.m., Monday through Friday, if at all possible.

If you wish to submit a resume with this application, (a resume is not mandatory) you may do so; however, please do not staple or attach it to the application in any permanent fashion. Submission of a resume or application does not constitute an application for or a promise of employment.

You may type or print this application except for the sections indicated otherwise; however, typing is not mandatory. Applications will remain on file for one (1) year after the date of receipt.

Applications may be mailed to the Human Resource Manager, Franklin County Municipal Court Clerk, 375 South High Street, 4<sup>th</sup> floor, Columbus, Ohio 43215. Applications can be personally delivered to the above-mentioned address Monday through Friday between 8:00 a.m. and 5:00 p.m.

**This office will contact you by telephone if we wish to schedule an Interview.**

Any offer of employment is among other things contingent upon completion of a criminal background check satisfactory to the Clerk. No promises, statements or representations, whether expressed or implied may be relied upon as an offer of employment. All employment offers must be in writing, and are contingent upon the applicant satisfactorily completing (if requested) skill set tests and completion of a criminal background check acceptable to the Clerk.

Thank you again for considering the Municipal Court Clerk's Office for employment.

Please detach this cover letter for your records.

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375 South High Street - 4th floor  
Columbus, Ohio 43215-4520  
(614) 645-8006 (office) \* (614)- 645-6036 (fax)  
[clerk@fmcclerk.com](mailto:clerk@fmcclerk.com)  
[www.fmcclerk.com](http://www.fmcclerk.com)



# LORI M. TYACK

## Franklin County Municipal Court Clerk

### EMPLOYMENT APPLICATION (Please Print Clearly)

It is policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, national origin, disability, ancestry, age, military status or sexual orientation. FRANKLIN COUNTY MUNICIPAL COURT CLERK IS AN EQUAL OPPORTUNITY EMPLOYER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of time at above address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 years old or over? Yes [ ] No [ ]

Driver License Number/State: \_\_\_\_\_

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes [ ] No [ ]

Were you referred to our office by a particular person? Yes [ ] No [ ]

If yes, by whom? \_\_\_\_\_

Do you have any relatives working for the Franklin County Municipal Court Clerk's Office?  
Yes [ ] No [ ] If yes, state name and place of employment?

\_\_\_\_\_

Have you applied or worked here before? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

**We operate 24 hours a day. Seven days a week.**

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If hired, how soon could you start? \_\_\_\_\_

\_\_\_\_\_

375 South High Street - 4<sup>th</sup> floor  
Columbus, Ohio 43215-4520  
(614) 645-8006 (office) \* (614) 645-6036 (fax)  
clerk@fcmcclerk.com  
www.fcmcclerk.com

Are you currently involved in any litigation in the Franklin County Municipal Court, Franklin County Common Pleas Court, or within the Jurisdiction of Franklin County?

Yes [ ] No [ ] If yes, describe conditions: \_\_\_\_\_

\_\_\_\_\_

Please check any of the following items of the office equipment with which you have experience.

Telephone/Switchboard \_\_\_\_\_ Keyboard \_\_\_\_\_ Please note typing speed WPM \_\_\_\_\_

Calculator/Adding Machine \_\_\_\_\_ Cash Register \_\_\_\_\_ Copier \_\_\_\_\_ Fax \_\_\_\_\_

List any additional office equipment, computers/software with which you have experience.

\_\_\_\_\_

\_\_\_\_\_

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EDUCATION	NAME AND LOCATION OF HIGH SCHOOL	DIPLOMA/DEGREE
High school	_____	_____

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	NAME OF COLLEGE/UNIV.	MAJOR	DEGREE
College/Univ.	_____	_____	_____
College/Univ.	_____	_____	_____
Business/Trade	_____		
Other Training/Education	_____		

Please list three (3) professional or character references whom this office has permission to contact. Please do not list any relatives or duplicate any supervisors listed elsewhere on this application.

Name _____	Name _____	Name _____
Position _____	Position _____	Position _____
Company _____	Company _____	Company _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone ( ) _____	Telephone ( ) _____	Telephone ( ) _____
Professional <input type="checkbox"/> Personal <input type="checkbox"/>	Professional <input type="checkbox"/> Personal <input type="checkbox"/>	Professional <input type="checkbox"/> Personal <input type="checkbox"/>

Please print or write this section in your own handwriting. List your most recent employer first.  
 May we contact your present employer? Yes [ ] No [ ] Not applicable [ ]

Work Experience – Please list your work experience for the past five (5) years beginning with your most recent job held. (Please submit any additional information on a separate sheet)

Name of Employer  Address  City, State, Zip  Phone Number	Name of last supervisor	Employment Dates	Pay or salary
		From:  To:	Start:  Final
	Your last job title:		
Reason for Leaving (be specific):			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer  Address  City, State, Zip  Phone Number	Name of last supervisor	Employment Dates	Pay or salary
		From:  To:	Start:  Final
	Your last job title:		
Reason for Leaving (be specific):			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer  Address  City, State, Zip  Phone Number	Name of last supervisor	Employment Dates	Pay or salary
		From:  To:	Start:  Final
	Your last job title:		
Reason for Leaving (be specific):			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**APPLICANT'S CONSENT AND CERTIFICATION**

**I hereby authorize the Clerk of the Franklin County Municipal Court, the Chief Deputy or Human Resource Manager to contact any person or institution, or gather any information necessary in determining whether or not I should be hired by the Franklin County Municipal Court Clerk's Office.**

**This authorization will not be used to obtain medical information.**

**I certify that the facts set forth in the Employment Application are true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume or any other materials, or during the interview process, can be justification for refusal of employment, or if employed, termination from the Clerk's employ.**

**I understand that the employment with the Municipal Court Clerk is "at will," which means that either I or the Clerk can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. This understanding supercedes all prior agreements and representations, and any subsequent agreement which affects this arrangement must be in writing and signed by the Clerk.**

**I agree to hold the City of Columbus, Franklin County and/or the Franklin County Municipal Court Clerk's Office HARMLESS for any information that may be discovered during the pre-employment investigation.**

**The refusal to sign this form will not be the basis for granting or refusing employment.**

**I understand that no supervisor, manager or employee other than the Clerk or Chief Deputy has any authority to alter the foregoing.**

**DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_**

PLEASE PROVIDE ANY OTHER NAME(S) YOU HAVE BEEN KNOWN BY, INCLUDING MAIDEN NAME:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Franklin County Municipal Court Clerk's Office  
375 South High Street 4th Floor  
Columbus, Ohio 43215-4520  
(614) 645-8006

**AUTHORIZATION TO VERIFY RECORDS**

I have applied for employment with the Franklin County Municipal Court Clerk's Office and have completed an application form. As part of the screening process, I authorize Franklin County Municipal Court Clerk's Office to verify the information in this application, including conducting an investigation of my personal or employment history (including contacting former employers and supervisors), education, criminal and traffic records, or credit history through any investigative agencies of its choice.

I hereby waive all provisions of law forbidding schools or colleges that I attended, or any past employers from disclosing any knowledge or information relevant to my employment and hereby consent that they may disclose such knowledge or information.

I hereby waive any statutory rights with respect to privacy in regard to information provided by academic institutions that I attend or in regard to past employers whom I have served, and I hereby consent to the disclosure of such information to the Franklin County Municipal Court Clerk's Office or to any of the agencies engaged by the Franklin County Municipal Court Clerk's Office for this purpose.

I further understand that information obtained is for the purpose of evaluating my suitability for employment with the Franklin County Municipal Court Clerk's Office, and that such information will become a part of my personnel records, which are with certain limitations (e.g. credit reports not public record for view by others) public records to the extent required by the law.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Applicant Name (printed) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver License No. \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_