### PLEASE TYPE OR NEATLY PRINT IN INK

Pos	sition applie	ed for: <u>P</u>	robation Fellow	ship Prog	<u>gram</u>	Da	ate:		
Wh	ere did you	ı learn abo	ut the program	?					
Nar	me:	(Firet)	(Middle)		(1 a	et)			
Hav		r changed	your name? [				, provide	e any o	other name
		(First)	(Middle)		(La	st)			
Cur	rent Addre	ess:	ber/Street)		(0)		/01	1.	(7: 0 1)
For	mer Reside	ence: List	all addresses of	during the	past 5	years	•	_	
Dat	es	Nı	ımber/Street		Citv	/	Sta	ate	Zip Code
			anibel/outeet						· 
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E-M	fail Addres	ss:y Number:							
E-M	fail Addres	ss:y Number:						)	
E-M Soc	fail Addrescial Security	ss: y Number:		10.	Teleph	none N		)	
E-M Soc Tele	Mail Addrescial Security ephone No	ss: y Number: o. ( ) _ a valid Driv	(Home)	 10. ?[]Yes	Teleph	none N	No. (	)	Other)
E-M Soc Tele	Mail Addrescial Security ephone No	ss: y Number: o. ( ) _ a valid Driv	 (Home) er's License? '	 10. ?[]Yes	Teleph	none N	No. (	)	Other)
E-M Soc Tele Do	Mail Addrescial Security ephone No you have a ver's Licens tary Service	ss: y Number: o. ( ) _ a valid Drivese Numbere:	 (Home) er's License? '	10. ?[]Yes	Teleph	none N	No. (	)	Other)

	program.
	College or University
	Name of School Degree
	Field of Study (Major and/Minor).
	Official G.P.A at time of graduation:  Internship Experience (Y/N) if yes, please explain:
	Volunteer History: Begin with current or most recent:
1.	From To  Month/Year Month/Year  Company/Adress:
	Responsibilities:
	Name of Supervisor:
2.	From To Month/Year
	Responsibilities:
	Name of Supervisor:
3.	From To  Month/Year Month/Year  Company/Adress:
	Responsibilities:
	Name of Supervisor:

Fron	A UN
Com	n To Month/Year Month/Year npany/Adress:
Res	ponsibilities:
Nam	ne of Supervisor and Contact number:
alrea area orga	NOTE: If additional space is needed, use reverse side er Training/Education: If you have received training, other than in an academic setting ady listed above, that is relevant to the position you applied for, list this information in the below. Be sure to include the type of training, subjects covered in the training, the nization that provided the training, the length of the training and any certification obtained result of the other training or education.
that	ninal Record: Have you ever been convicted of a criminal offense ( <i>Do not list any record is sealed or expunged</i> .)? [ ] Yes [ ] No s, give type(s), date(s) and disposition(s)
•	
Emp	
1.	loyment History: Begin with current or most recent position:
	From To Month/Year Company/Address
	From To Month/Year Month/Year  Company/Address
	From To Month/Year Month/Year Company/Address Job Title:
	From To Month/Year Company/Address Job Title: Name of Supervisor:
	From To Month/Year Company/Address Month/Year Company/Address Name of Supervisor: Your duties:
	From To Month/Year Company/Address Job Title: Name of Supervisor: Your duties:
	From To Month/Year Company/Address Job Title: Name of Supervisor: Your duties: Contact telephone number for Employer/Supervisor: ()
2.	From To Month/Year Company/Address Month/Year Company/Address Name of Supervisor: Your duties: Contact telephone number for Employer/Supervisor: () Reason for Leaving: To Month/Year Month/Year To Month/Year
2.	From To Month/Year Company/Address Month/Year Company/Address Name of Supervisor: Your duties: Contact telephone number for Employer/Supervisor: () Reason for Leaving:

Your duties:	
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From Month/ Company/Ac Job Title:	To /ear Month/Year
From Month/ Company/Ac Job Title: Name of Sup	To /ear Month/Year dress_

NOTE: If additional space is needed, use reverse side

#### READ THE FOLLOWING STATEMENT CAREFULLY

By my signature below, I affirm that the statements made in this application are complete and accurate. I understand that any false or misleading statement on this application, or in any other document I submitted to the court relating to my potential employment with the Toledo Municipal Court, may result in my dismissal, if I am hired, subject me to criminal prosecution, or both.

I authorize the Toledo Municipal Court to verify the informa an investigation of my personal or employment history (included supervisors), education, criminal and traffic records, or creat agencies of its choice. I hereby waive all provisions of law attended, or any past employers from disclosing any knowledge employment and hereby consent that they may disclose supervisors.	cluding contacting former employers and dit history through any investigative forbidding schools or colleges that I ledge or information relevant to my
Signature of Applicant	Date of Signature

TOLEDO MUNICIPAL COURT IS AN EQUAL OPPORTUNITY EMPLOYER

# TOLEDO MUNICIPAL COURT JUDGES' DIVISION **555 North Erie Street** Toledo, Ohio 43604

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I,(P	PRINT), he	ereby aut	thorize the	Toledo
Municipal Court to conduct a background investigation, which	ch includes a	all stateme	ents contained	l in my
employment application, and my personal, employment, medi	lical, crimin	al, credit/1	financial histo	ory and
other related matters as may be necessary for the Toledo Mur	nicipal Cou	rt to deter	mine my abil	ity and
qualifications for the job position I have applied for. I aut	uthorize any	of my for	ormer employ	yers or
references listed to furnish their records of my services, reason	sons for my	leaving the	heir employ,	and all
other information they may have concerning me, whether or	not on reco	ord, includ	ling inquiry is	nto my
financial/credit history. I hereby release any of my former emp	nployers, the	eir agents,	personal refe	rences,
educational institutions, law enforcement agencies, any state an	nd federal b	ureau, and	l any credit re	porting
agencies from all liability for any damage whatsoever in respond	nding accura	tely to inq	uiries and fur	nishing
said information during this background investigation.				
I further authorize the Toledo Municipal Court to supp	ply my empl	loyment re	ecord, in who	le or in
part, to any prospective employer, government agency, or othe	er party witl	h a legal a	nd proper inte	erest. I
release the Toledo Municipal Court and those parties from any	and all liab	oility and a	any damage th	at may
result from furnishing the requested information or any of my	personal red	cords.		
I hereby certify that all of the information supplied by	•			
true, and if employed, it is relied upon as a continuing conditio		_	agree and und	erstand
that falsified statement(s) on my application shall be grounds for	for dismissa	ıl.		
7 11	river's Lice	nse No./St	tate Issued	_
on your Driver's License				
Date of Birth So	ocial Securit	ty Number	r	-
Signature				

## LETTER OF SUPPORT

#### TOLEDO MUNICIPAL COURT PROBATION OFFICER FELLOWSHIP PROGRAM

Fellowship Candidate:
This letter of support is to be completed by an individual who has a professional relationship wit the applicant, (i.e. professor, career advisor, supervisor, volunteer supervisor etc.). This letter should not be completed by a family member, classmate, or other individual having a personal relationship with the applicant.
NAME OF INDIVIDUAL COMPLETING LETTER:
TITLE:
RELATIONSHIP TO APPLICANT:
HOW LONG HAVE VOU KNOWN THE APPLICANT.

Probation Officers hold an important role in guiding and motivating offenders. Probation officers must have strong interviewing skills, organizational proficiency, skills in verbal and written communication, initiative, strong interpersonal communication skills, and be able to work with the public in a professional manner. Probation work includes formulating rehabilitation plans and recommendations, and then keeping the offender motivated to comply with court orders. It also includes being able to identify and implement options to remedy non-compliant behavior.

This pilot program is a one to two year fellowship for new graduates of criminal justice, social work, psychology and related fields. Selected fellows would serve a minimum of one year. The goal of the fellowship program is to provide a quality pipeline of talent for those entering public service with the Toledo Municipal Court Probation Department. This program also furthers the Court's commitment to supporting graduates with interests in serving the public and working with offenders. It is designed to cultivate talent for a probation officer work force of agile learners who are engaged, well trained in evidence based practices, and capable of handling a challenging and fast paced workload.

Please describe in a letter of support why the applicant should be considered for the Toledo Municipal Court Pilot Fellowship Program. Tell us about the applicant's work experience, volunteer experience, knowledge, skills, abilities, personal characteristics, or any other information that demonstrates the candidate's qualification for selection.

NOTE: This information should be provided on a separate page.