

Ross Cty Bd of Developmental Disabilities  
 167 W Main St.  
 Chillicothe, Ohio 45601  
 740-773-8044  
 740-773-8052 Fax

# EMPLOYMENT APPLICATION

An equal opportunity employer. All applicants will receive consideration without discrimination due to race, religion, color, age, sex, handicap, nation origin or arrest record. Applications will be kept active for one year.

## PERSONAL

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (Area Code)

Are you a citizen of the United States or allowed to legally work in the U.S.?  Yes  No

Are you 18 years or older?  Yes  No

Have you ever worked for this agency?  Yes  No

**Felony/Misdemeanor Convictions:**  
 Pursuant to ORC 5123.081 and 109.572, certain convictions may disqualify an applicant from employment.

## JOB INTERESTS/SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary  Substitute  Summer

Date you could begin working \_\_\_\_\_ Can we contact your present employer? Yes No

Summarize any other special skills or qualifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	# OF YEARS	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH				
COLLEGE OR UNIVERSITY				
GRADUATE				
OTHER EDUCATION				

Courses now studying: \_\_\_\_\_

**EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)**

1. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ Your Title \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ Your Title \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ Your Title \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name	Relationship	Company	Daytime Phone

**DIRECT CARE APPLICANTS ONLY**

Direct Care positions in the school, residence and transportation require lifting and/or moving individuals with disabilities.  
 Would you be able to do so?  Yes  No  N/A  
 If you answered "No", would you be able to do so with reasonable accommodation?  Yes  No  
 If you answered "Yes", please briefly describe the accommodation you would require.  
 \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. I acknowledge that I must undergo a background check and that certain offenses may disqualify me from employment. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Equal Employment Opportunity (EEO) Information

*This form is used to compile information required by State and Federal record-keeping and reporting regulations and will not be used in any way for employment selection purposes. The information provided is strictly voluntary. Qualified applicants are chosen without regard to race, religion, color, national origin, marital status, sex, age, medical conditions, or handicap. This information will be kept in a confidential file separate from the application. NOTE: This form will be detached and filed separately in the Personnel Office.*

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Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position applied for: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: Male Female

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Race: White Asian/Pacific Islander  
Black American Indian  
Hispanic Alaskan Native  
Other (specify) \_\_\_\_\_

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Are you a Vietnam era veteran? Yes No

Did you know of this position before applying? Yes No

If so, how did you find out about it?

Newspaper Position Posting  
Word of mouth Walk In  
Other (specify) \_\_\_\_\_

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