

Ross Cty Bd of Developmental Disabilities

EMPLOYMENT APPLICATION

167 W Main St.
 Chillicothe, Ohio 45601
 740-773-8044
 740-773-8052 Fax

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 _____ Email _____
 (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.

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

Are you willing and able to secure a valid Drivers License if required? Yes No

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 _____
(Street) (City) (State) (Zip Code) (Phone Number)
 Supervisor and Title _____ Your Title _____
 Employed From _____ To _____ Starting Salary _____ Ending Salary _____
 Reason for leaving _____

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

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

PROFESSIONAL REFERENCES

<i>Name/Title</i>	<i>Company</i>	<i>Phone/Email</i>	<i>For Office Use: Reference Checked</i>

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.

Date: _____

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

Position applied for: _____

Birthdate: _____ Sex: Male Female

Race:

<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> American Indian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Alaskan Native
<input type="checkbox"/> Other (specify) _____	

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?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Position Posting
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Walk In
<input type="checkbox"/> Other (specify) _____	