

**DARKE COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

All people are valuable and have potential.

5844 JAYSVILLE-ST. JOHNS ROAD, GREENVILLE, OHIO 45331
(937) 548-9057 FAX: (937) 548-5458

Name: _____
Last First MI

Date: _____

**APPLICATION FOR
EMPLOYMENT**

TO ALL APPLICANTS – (please read carefully)

Thank you for your interest in employment with the Darke County Board of Developmental Disabilities. The Board provides educational and training services for children and adults with mental retardation and other developmental disabilities.

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application. Return the completed application to the Business Office at the address above.

HIRING PROCESS

When completed, applications are received by the Business Office, they are reviewed and made available to the supervisors in the components where appropriate openings exist.

Because there are generally many more applicants than open positions, we cannot promise an interview for each applicant. Interviews will be scheduled by the supervisor in the facility based upon the applicant's qualifications (education, related experience, etc.), date of application, position openings at the time, etc.

Because there are occasions when similar openings exist in two or more components at the same time, it is possible that applicants may be contacted for more than one interview.

Following the Initial Interview in the component, applicants may be recommended for an additional interview. Though such interviews are scheduled promptly, the total process above may take several weeks.

All applicants will be kept on file for one year. If you are not hired, but continue to have an interest in employment after a year, you should submit another application.

CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, please be sure to complete the appropriate information on the application and be sure to enclose a copy of the certificate, license, and/or registration. Applicants who have attended college are requested to submit official transcripts with the application.

CRIMINAL RECORDS CHECK

The Board is mandated by law to conduct criminal background checks on applicants under final consideration for employment. If you are a finalist, you will be required to complete an affidavit and be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation & Identification (BCII) or, at the Board's discretion, other state or federal agencies. All offers of hire are contingent upon satisfactory reports. Disclosure of criminal record will not necessarily disqualify you from employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness of the offense in relation to the job for which you are applying. This report is not subject to the Ohio Public Records Act. You may request a copy of this report.

EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position.

PERSONAL INFORMATION (please type or print clearly)

FOR OFFICE USE ONLY

Date Received: _____

Distributed to: _____

Name _____
Last First MI

Address _____
No. Street City State Zip Code

Home phone (____) _____ Cell phone (____) _____

Position(s) applied for in order of preference 1. _____ Rate of pay expected \$_____ per _____

2. _____ Rate of pay expected \$_____ per _____

Date available to start work _____

How did you learn about this opening? _____ Have you worked for this agency before? _____

List friends or relatives working for this agency _____

Can you perform the job-related requirements of the specific job(s) for which you are applying? () Yes () No
If no, please explain _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? () Yes () No
If yes, please explain _____

EMPLOYMENT HISTORY (List most recent first) Use additional sheets if necessary.

Name of Employer _____ Telephone No. (____) _____

Address _____ Name & Title of Supervisor _____

Job Title _____ Dates of Employment _____ to _____ Ending Salary _____
Mo./Year Mo./Year

Describe Responsibilities _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (____) _____

Address _____ Name & Title of Supervisor _____

Job Title _____ Dates of Employment _____ to _____ Ending Salary _____
Mo./Year Mo./Year

Describe Responsibilities _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (____) _____

Address _____ Name & Title of Supervisor _____

Job Title _____ Dates of Employment _____ to _____ Ending Salary _____
Mo./Year Mo./Year

Describe Responsibilities _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (____) _____

Address _____ Name & Title of Supervisor _____

Job Title _____ Dates of Employment _____ to _____ Ending Salary _____
Mo./Year Mo./Year

Describe Responsibilities _____

Reason for Leaving _____

List the employers we may NOT contact for a reference _____

EDUCATION

Type	Complete Name and Address	Years Completed (circle)	Graduated (circle)	Degree	Major
High School		1 2 3 4	Yes No		
College*		1 2 3 4	Yes No		
Post Graduate*		1 2 3 4	Yes No		
Business or Trade*		1 2 3 4	Yes No		
Other					

* Please submit transcripts (copies accepted for application – official transcripts required at hire)

CERTIFICATION / LICENSURE / REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. Be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position(s) for which you have applied.

Do you have:

Certification or Permit from the Ohio Department of Education? Yes No

Type Expiration Date

Certification or Registration from the Ohio Dept. of Developmental Disabilities? Yes No

Type Expiration Date

Other certificates, licenses or registrations that qualifies you for the position(s)? Yes No

If yes, complete the information below:

Type of Certificate / License / Registration	Authorizing Board or Agency	Expiration Date
1.		
2.		
3.		

Have you ever had a certificate, license or registration revoked or suspended? Yes No If yes, please explain _____

Have you ever been discharged or requested to resign from a position? Yes No If yes, please explain _____

REFERENCES

List three (3) references, preferably current or former employers, whom this agency has permission to contact.

Name	Occupation	Address, City, State, Zip	Telephone No.
1.			
2.			
3.			

ADDITIONAL INFORMATION

Please summarize other experiences, skills, or qualifications that you feel would qualify you for the position(s) for which you have applied.

APPLICANT'S AGREEMENT

If necessary, I will take courses required for Certification/Registration by the Ohio Department of Education and/or Ohio Department of Developmental Disabilities. I understand that these may be college courses and that I will be responsible for payment. I also understand that a lapse in certification may result in discharge from the position held.

Yes

No

I grant my permission to have this application and any evidence duplicated and distributed for recruitment purposes.

Yes

No

I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I understand that, as a condition of my initial or continued employment, I agree to submit to such lawful examinations, medical or substance abuse, or others as may be required by the Board. I also understand that as part of normal employment procedures, this application may be duplicated and a routine inquiry may be made concerning information as to my character, general reputation and personal characteristics. I have read the instructions on the front page and all other information on this application form.

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I authorize all employers (unless restricted on page 2 of this application), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damages whatsoever for issuing this information.

Signature of Applicant: _____

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER