



Hocking County Board of Developmental Disabilities

1369 E. Front Street

Logan, Ohio 43138

www.hockingdd.org

APPLICATION FOR EMPLOYMENT

PLEASE TYPE or PRINT CLEARLY

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City, State, Zip: _____

Area Code / Telephone Number: _____ Social Security Number (Optional): _____

Email Address (PRINT CLEARLY): _____

IF WE ARE UNABLE TO READ YOUR EMAIL, YOU MAY NOT RECEIVE A CONFIRMATION OF RECEIPT.

Have you lived in Ohio for the last 5 yrs.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position(s) applied for or general area of interest	Today's Date
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How did you learn about us? <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> College Placement Office <input type="checkbox"/> Website: _____ <input type="checkbox"/> <i>HCBDD Employee</i> (Name _____) <input type="checkbox"/> Other: _____

	EDUCATION **	No. of Years Completed	Did You Graduate?	
High School	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you obtain GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Post Graduate	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:

** If a job offer is extended, you will be required to verify all mandatory education with official documentation.

LICENSURE - CERTIFICATION - REGISTRATION

Type/Level/Grade/ License Number	Authorizing Agency, Department or Board	Expiration Date
Ohio Driver's License or State ID Number:		

Persons with disabilities who need assistance in the application process should contact the Coordinator of Administrative Services.
 The Hocking County Board of Developmental Disabilities is an Equal Opportunity Employer



PLEASE ANSWER ALL QUESTIONS BELOW (*failure to answer all questions could invalidate your application*):

Do you have relatives who are employees or consumers of the HCBDD? _____

If yes: Name _____ Relationship _____

Relative's work site _____

What are your career goals? _____

Have you ever applied for a position here? _____ If yes, please give position title and approximate date _____

Have you ever been terminated or asked to resign? _____ If yes, please give details _____

Have you ever had a professional license, certificate or registration revoked or suspended? (This is NOT referring to driver's license.) _____ If yes, please give details _____

Military Service Record: Have you ever served in the armed services? _____

EMPLOYMENT HISTORY

(Please read these instructions carefully before completing.)

Please give accurate, complete full-time and part-time employment record. If your title and duties changed substantially in any one organization, indicate such changes as separate employments. You may include any relevant volunteer work. Applications without complete information, including full company addresses, and reasons for leaving will not be considered. Although you may attach your resume, it does not substitute for this official application. Therefore, you are still expected to complete the entire application, and please **do not refer to your resume on this application.**

1. Company Name: _____ Phone: _____
(Present or most recent)

Street Address: _____ City, State, Zip: _____

Job Title: _____ full-time ___ part-time ___

Employed From - Month: _____ Year: _____ Starting Salary: _____

Employed To - Month: _____ Year: _____ Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____



2. Company Name: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

Job Title: _____ full-time ___ part-time ___

Employed From - Month: _____ Year: _____ Starting Salary: _____

Employed To - Month: _____ Year: _____ Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____



3. Company Name: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

Job Title: _____ full-time ___ part-time ___

Employed From - Month: _____ Year: _____ Starting Salary: _____

Employed To - Month: _____ Year: _____ Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____



4. Company Name: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

Job Title: _____ full-time ___ part-time ___

Employed From - Month: _____ Year: _____ Starting Salary: _____

Employed To - Month: _____ Year: _____ Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____



REFERENCES

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

Name	Occupation	Address	Telephone Number
1.			
2.			
3.			

To give us your complete work history, feel free to attach additional pages if necessary.
Please continue to answer all of the above questions for each employer noted on any additional pages.

Please read the following carefully before signing & dating below:

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 understand that intentional deception in this application may be considered as sufficient cause for disqualification or dismissal if employed. I hereby waive all provisions of law forbidding past employers or colleges or universities which I attended from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they disclose such knowledge or information to HCBDD. I hereby also consent to the release of all my police records concerning any arrest with subsequent convictions. I release these records to the HCBDD Coordinator of Administrative Services and waive any right to personal privacy I might have over the records.

I hereby certify that I have given the HCBDD permission to obtain a copy of any arrest or conviction record pertaining to me now in the files of the Ohio Bureau of Criminal Identification and Investigation or the Federal Bureau of Investigation. I hereby release the Ohio Bureau of Criminal Identification and Investigation, the Federal Bureau of Investigation, and all individuals connected therewith from all liability in connection with the dissemination of such arrest or conviction data.

I hereby certify that I have given the HCBDD permission to obtain a copy of my current driving record from the Ohio Bureau of Motor Vehicles or from the bureau of motor vehicles of any other state in which I have been a licensed driver during the five-year period immediately preceding today's date. I have listed my driver's license number on page one of this application for this purpose only.

I am applying for employment with the HCBDD. I understand that if employed, I agree to conform to the HCBDD's rules. I also agree that I shall be subject to other conditions, which the HCBDD may adopt.

(Signature of Applicant)

(Date)



To the Applicant: PLEASE READ THIS SECTION VERY CAREFULLY:

Thank you for your interest in our organization. The HCBDD is highly selective in its hiring practices. Our main objective in filling open positions is to hire the best person for the job, and we follow a rigorous selection process. Part of that process is to contact FORMER employers of all applicants, check driving records where applicable, etc. SIGNING AND DATING below will enable us to complete this required component of the application screening process.

WE REGRET THAT DUE TO THE LARGE VOLUME OF APPLICATIONS RECEIVED WE ARE NOT ABLE TO RESPOND TO EVERY APPLICANT. PLEASE BE ASSURED THAT YOUR APPLICATION WILL BE REVIEWED CAREFULLY AND THAT YOU WILL BE CONTACTED IF AN INTERVIEW IS APPROPRIATE. APPLICATIONS ARE KEPT ACTIVE FOR ONE YEAR.

===== **AUTHORIZATIONS** =====

1. I hereby declare that the information given in this application is true and I understand that any false or misleading information given in my application or interview(s) may result in discharge.

_____ (Signature of Applicant) _____ (Date)

2. I agree to release any information to the HCBDD concerning my prior employment, educational experience, driving and criminal records. I further understand that past employment records and references are subject to inquiry.

_____ (Signature of Applicant) _____ (Date)

3. For purposes of checking former employment records only, please identify any other name you have used with past employers:

Prior Names: _____

4. Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Hocking County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation. For more information, please review OAC 5123:2-2-02. Your signature below verifies only that you understand our requirement to conduct background checks following job offers. Your signature also verifies that you further understand that all prospective employees must pass a drug test prior to being hired.

_____ (Signature of Applicant) _____ (Date)

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