

HOLMES COUNTY BOARD OF DD

APPLICATION FOR EMPLOYMENT

Holmes County Board of DD welcomes all applicants who are interested in employment with the HCBDD and will ensure that each of you are treated equally in this employment opportunity. The Holmes County Board of DD is an Equal Opportunity Employer. As such, no applicant will be discriminated against because of race, color, religion, creed, age, sex, national origin or ancestry, political affiliation, qualifying disability of for any other reason protected by law. Should it be necessary, applicants are encouraged to request reasonable accommodation in the application/interview process.

PLEASE PRINT

NAME:	_____
ADDRESS:	_____
TELEPHONE:	_____
EMAIL ADDRESS:	_____
APPLICATION DATE:	_____
VETERAN:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch of Service:	_____
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL DATA

Position(s) desired: _____ Full-Time Part-Time
Date available to start: _____

Have you previously applied for a job with the HCBDD? Yes No When? _____

Have you ever been employed by the HCBDD? Yes No When? _____
Reason for leaving: _____

Are you related to anyone employed by the HCBDD? Yes No
If yes, state name and relationship: _____

Have you ever been employed by another public employer in Ohio? Yes No
If yes, provide place and dates of service _____

Do you have any time commitments that might interfere with your employment? (e.g., subject to recall, school) Yes No
If yes, please explain: _____

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation? (Should there be a question, please refer to the job description.) Yes No

Have you ever been dismissed from or asked to resign from any employment position? Yes No
If yes, please explain: _____

Pursuant to Ohio Administrative Code Section 5123:2-2-02, The Holmes 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

Date

If you are applying for a position that requires a driver's license or a commercial driver's license to perform the essential duties of the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes No
- Do you have a valid Ohio commercial driver's License with Class B endorsement with S (School Bus) and P (Passenger) endorsement? Yes No
- Have you been arrested for any traffic-related incidents? Yes No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes No
- Have you had your auto insurance rejected, cancelled, or been in a high-risk insurance program? Yes No
- Have you been involved in any accident, either at fault or not at fault? Yes No
- Have you had any traffic violations in the past three (3) years? Yes No
- If yes, please list:

OFFENSE	APPROXIMATE DATE/YEAR
_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference? Yes No

Employer's name and address (if not included elsewhere in this application): _____

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College Or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

Honors received:

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed or resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Position(s) Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Position(s) Held:	Supervisor:
Reason for Leaving:		

Please list the names, e-mail addresses, and phone numbers of three professional references who have known you in the last five years (please do not include the names of any relatives).

References

1. Name: _____

Phone: _____

Email: _____

2. Name: _____

Phone: _____

Email: _____

3. Name: _____

Phone: _____

Email: _____

Candidate Reference Check Authorization

I, _____, authorize the Holmes County Board of Developmental Disabilities to contact my references to investigate my past employment and professional activities. I understand that the Company may ask my references questions about my educational background, work experience, achievements, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with the Holmes County Board of DD.

I also agree to release from liability all persons and companies providing this information.

Applicant name: _____ Applicant signature: _____

Date: _____

Applicants for employment with the HCBDD are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, sexual orientation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. If appropriate for the position, I agree to submit to a post-offer, pre-employment medical examination at the HCBDD's expense. I understand that I will be required to take a pre-hire drug/alcohol test. I understand that my employment is contingent upon passing the drug/alcohol test and successful completion of the post-offer medical exam, if applicable. I also agree to submit to other specified drug tests, according to the HCBDD's policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW:

YES

NO

REMARKS: _____

INTERVIEWER'S SIGNATURE

DATE

EMPLOYED: YES NO

STARTING DATE: _____ STARTING RATE: _____

JOB TITLE: _____

Holmes County Board of DD
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