

DELAWARE COUNTY DEVELOPMENTAL DISABILITIES

106 Stover Drive, Delaware OH 43015

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION *(Please type or print clearly.)*

Name _____
Last First Middle

Address _____
Street City State Zip

SSN _____ Telephone Number Home _____ Cell _____

Position applied for: _____

Date available to start work _____

How did you learn of this opening? _____

Have you worked for this agency before? Yes No

If yes, dates of employment _____

Are you at least 18 years old? Yes No

List other names you have used so we may verify education or employment records. _____

Are you legally eligible to be employed in the United States? Yes No
(If hired, verification will be required by law.)

TO ALL APPLICANTS *(Please read carefully)*

Thank you for your interest in employment with the Delaware County Board of Developmental Disabilities. The Board provides a broad range of services to children and adults with mental retardation and developmental disabilities who live in the county.

When completing your application, please provide as much detail as possible and answer all questions thoroughly. Type or print clearly. If you need assistance to complete the application, please advise the personnel coordinator. **The back portion of the application requires notarization, your signature and the date. Return the completed application to the address above.** All applications will be kept on active status for a period of one year. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

HIRING PROCESS

Because there are generally more applicants than available positions, not all applicants will receive interviews. Interviews are scheduled by the supervisor in the facility/department based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff, supervisors, and administrators. All offers of employment may be extended **only by the Superintendent**. All offers of employment are contingent upon successful completion of a job-related medical examination, a criminal history background check, and, if the position requires the person to transport clients or operate agency vehicles for any other purpose, a driver's abstract and proper license. A satisfactory employment physical, including a drug screening and Two-Step Mantoux TB test are also required.

CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license and/or registration. If you are hired, you will need to bring the **original** certificate, license and/or registration in for review. Applicants must be eligible for at least a temporary credential and willing to meet the requirements for renewal and/or upgrade. Applicants who have completed college or coursework related to the position applied for are requested to submit **official transcripts** with the application. If hired, official transcripts **must** be submitted prior to any salary credit for education. Educational degrees must be from a four (4) year college or university or graduate program authorized by the Ohio Board of Regents or comparable out-of-state institution.

THE BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

The Board provides equal opportunity for employment, training and advancement regardless of gender, race, creed, color, age, national origin, religion, disability or any other factors unrelated to the essential duties of the position.

EMPLOYMENT HISTORY - List most recent first. Use additional sheets if necessary. If job title/duties changed during employment with any employer, list as separate employers. A resume may not be used as a substitute for completing this application.

Name of Employer _____ Telephone # _____
 Address _____
 Name & Title of Supervisor _____
 Job Title _____
 Dates of Employment _____ to _____ Ending Salary _____
 Describe Responsibilities _____
 Reason for Leaving _____

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 Address _____
 Name & Title of Supervisor _____
 Job Title _____
 Dates of Employment _____ to _____ Ending Salary _____
 Describe Responsibilities _____
 Reason for Leaving _____

List the employers we may **NOT** contact for a reference _____

EDUCATION - * Please submit transcripts (copies accepted for application; *official transcripts required at time of hire*).

	EDUCATION	Did you Graduate?	
High School	Name: City & State:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you obtain a GED?
College: Undergraduate	Name: City & State:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
College: Graduate	Name: City & State:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Business or Trade School	Name: City & State:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Other	Name: City & State:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:

CERTIFICATION/LICENSURE/REGISTRATION: For many positions, state certification, licensure or registration requirements **must** be met. Enclose copies of the applicable document(s) and complete information below as it relates to the position(s) for which you have applied.

Certification or Registration from the *Ohio Department of Mental Retardation/Developmental Disabilities* (Early Intervention, Support Administration, etc.)

Type _____ Validation _____ Level _____ Grade _____ Expiration Date _____

Certification from the *Ohio Department of Education* (Teacher, Teacher's Assistant, etc.)

Type _____ Grade _____ Expiration Date _____

Please list other Certificate/License/Registrations you have that are REQUIRED for the position(s) for which you applied (Nurses, LSW, Counseling, Vehicle Operator, etc.).

TYPE OF CERTIFICATE/REGISTRATION/LICENSE	AUTHORIZING BOARD OR AGENCY (Ohio Nursing Board, Ohio Social Work/Counseling Board, etc.)	EXPIRATION DATE

DRIVER'S LICENSE

Do you have a valid operator's license? Yes No
 Do you have a commercial driver's license (CDL) with school bus and passenger endorsements? Yes No
 Have you had two or more citations within the last three (3) years? Yes No
 Have you had your driver's license suspended or revoked within the last five years? Yes No

REFERENCES: List three (3) references who can assess your professional abilities and whom this agency has permission to contact.

NAME	Address (include City, State, Zip Code)	Type of Reference	Phone Number (include area code)
		<input type="checkbox"/> Personal <input type="checkbox"/> Professional	
		<input type="checkbox"/> Personal <input type="checkbox"/> Professional	
		<input type="checkbox"/> Personal <input type="checkbox"/> Professional	

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK: The Board is mandated by law to conduct criminal background checks on new employees. If you are hired, you will be required to complete an affidavit and be fingerprinted. The background check will be completed by the Ohio Bureau of Criminal Investigation and Identification or, at the Board's discretion, other state or federal agencies. Applicants must show proof of residence in the State of Ohio for the past five years. Applicants not residing in the State of Ohio for the past five years will be required to have a background check completed by the Federal Bureau of Investigation. All offers of employment are contingent upon satisfactory reports. Disclosure of a criminal record will not necessarily disqualify you for 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 are entitled to a copy of the report.

NOTICE OF REQUIREMENT OF DRUG TESTING: All applicants tentatively selected for this position will be required to submit to urinalysis to test for illegal drug use prior to appointments. An applicant with a positive test shall not be offered employment.

MISCELLANEOUS

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

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

Have you ever been convicted of a felony? Yes No
 If yes, explain: _____

Can you perform the job related requirements of the specific job for which you are applying? Yes No

If no, please list which essential function(s) you would have difficulty performing and identify possible reasonable accommodation(s).

Are you an immediate family member of a Delaware County Board of Developmental Disabilities member/Delaware County Commissioner/current Delaware County Board of Developmental Disabilities employee? Yes No

If yes, please state the person's name and the relationship to the "immediate family" such as parent, brother, sister, spouse, daughter, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.

Name

Relationship

APPLICANT'S AGREEMENT

I certify that I have read and understand the instructions included and all other information on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information/omissions/misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. As a condition of initial or continued employment, I agree to submit to lawful examinations, such as medical or substance abuse, or others as may be required by the Board.

I hereby permit the Delaware County Board of Developmental Disabilities to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation, I understand that the Delaware County Board of Developmental Disabilities will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this application, I hereby consent all prior employers and educational institutions to provide information to this employer during the background investigation. I hereby release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good-faith furnishes written or oral references, as requested by this employer to complete its background investigation. A photocopy or facsimile of this form, that shows my signature, is valid as an original.

I confirm that I meet all the requirements as stated on the job posting(s) for the position(s) for which I am applying. I am able to perform all the essential duties of the position(s) as listed in the Position Description(s) with or without reasonable accommodations.

I understand working conditions may exist that are not such as normally exist in the occupation of the public employee. These conditions may include exposure to blood borne pathogens, communicable disease, potentially infectious materials, and/or aggressive behavior.

I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and training. I further understand that I may be required to enroll in college courses and/or other training at my expense.

I grant permission to have this application/enclosures duplicated and to be distributed to Board employees responsible for employment activity. I understand that, if hired, this application will become part of my official employment record. I understand this is the only agreement with the Delaware County Board of Developmental Disabilities and it takes affect only if I am hired, accept and show up for work on my first day of employment.

Signature of Applicant _____

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I solemnly swear or affirm that the answers I have made to each of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Delaware County Board of Developmental Disabilities.

Subscribed and duly sworn before me according to law, by the above named applicant on this _____ day

of _____, _____ County of _____

and State of _____.

Signature of Officer _____

Official Title _____

EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

**** Please submit this sheet with your application. ****

DIRECTIONS:

In compliance with Federal and State Equal Employment Opportunity laws, the Delaware Board of Developmental Disabilities requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity (Civil Rights Act of 1964, Title 42, U.S. C. Section 2000 et. seq.). This information will be kept separately from your application and will not influence employment decisions.

POSITION APPLYING FOR _____

DATE _____ **SOCIAL SECURITY NUMBER:** _____

DATE OF BIRTH: _____ **GENDER:** Male Female

CITIZENSHIP

Are you a United States citizen? Yes No

If no, what type of VISA do you hold? _____

County/City where you currently reside: County _____
City _____

MILITARY SERVICE

Are you a Veteran? Yes No

If yes, dates of service: Entered _____ Left _____

RACE/ETHNIC GROUP (please check only one):

- White Persons having origins in any of the origination peoples of Europe, North Africa, or the Middle East.
- Black Persons having origins in any of the black racial groups.
- Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- American Indian; Alaskan Native Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islanders Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islanders.

DISABILITY:

Do you have any physical/mental impairment which would keep you from performing the functions of the position for which you are applying? Yes No

If yes, please explain. _____

Delaware Board of Developmental Disabilities is an Equal Opportunity Employer