

APPLICATION FOR EMPLOYMENT

How did you hear about this position? _____

Please Print

Name _____
Last First Middle Initial Date of Application

TO ALL APPLICANTS

Thank you for your interest in employment with the Lucas County Board of Developmental Disabilities. Lucas County Board of Developmental Disabilities provides a broad range of services to individuals with developmental disabilities who live in Lucas County.

When completing your application, please provide as much detail as possible and answer all questions thoroughly. Please type or print clearly. Be sure your signature and the date appear on the last page of the application and return the completed application to the Human Resources Department at the above address. All applications will be kept active for one year. If you are not hired but continue to have interest in employment after this period, you will need to complete a new application. Employment activity is based on available positions.

If you need application materials in an alternative format under the Americans with Disabilities Act (ADA), please inquire directly to the Human Resources Department.

HIRING PROCESS

Completed applications are received by the Human Resources Department, reviewed, and made available to the supervisors in the facilities where appropriate openings exist based on the applicant's stated areas of interest and qualifications, and the needs of the organization.

Because there are generally more applicants than available positions, not all applicants will receive interviews. Following the initial interview, applicants may be recommended for additional interviews with other staff, supervisors, or the Superintendent. All offers of employment are contingent upon successful completion of a job-related medical examination, drug test, a criminal history background check, required databases check, satisfactory references, and if the position requires driving, transporting clients or operating agency vehicles for any purpose, a good driving record.

CREDENTIALS

Some positions require certification, licensure, 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 or registration. If you are hired, you will need to bring the original certificate, license, or registration in for review. Applicants who have completed college or coursework related to the position applied for, need to submit a copy of transcripts with the application and if hired, will need to submit official transcripts.

AN EQUAL OPPORTUNITY EMPLOYER

The Lucas County Board of Developmental Disabilities is an Equal Opportunity Employer and Provider of Services.

“ A Job is a Promise to Meet a Responsibility”

Personal

E-Mail Address: _____

Name _____

Last

First

Middle Initial

Address _____

Number

Street

Apt. No.

Phone Number

City

State

Zip Code

Cell Number

Please list any other names needed to verify education or employment records. _____

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No

If hired, verification will be required by law.

Position(s) applied for (Please be specific): _____

Date you are available to start: _____ Salary or Wages Desired: \$ _____

Have you worked for Lucas County Board of Developmental Disabilities before?

Yes No If yes, when? _____ Position _____

Have you ever contributed to any Public Employment Retirement System? (PERS, STRS, Etc.) Yes No

Do you have a valid driver's license? Yes No

Education Record

Name and location of School

Check years completed

Diploma or Degree

Name and Location of High School

9

10

11

12

Yes

No*

*If No, did you obtain a GED? Yes No (Attach a copy of certificate)

College _____

1

2

3

4

Associate BS

Major - _____

BA B.Ed.

Minor - _____

Other _____

College _____

1

2

3

4

MA M.Ed.

Major - _____

Ph.D.

Minor - _____

Other _____

Skills Record

Other special qualifications or skills _____

Describe any mechanical experience or interests _____

List personal computer experience (hardware and software) _____

Describe supervisory skills, if applicable _____

Credentials	For many positions, state certification, licensure or registration requirements MUST be met. If you have current credentials, 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.
	Have you ever held a Department of Education certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type _____ Grade _____ Expiration Date _____
	Have you ever held a Department of Developmental Disabilities certification or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type _____ Validation _____ Grade _____ Expiration Date _____
Please list other certificates, registrations or licenses you have. (Include Commercial Driver License (CDL) information.)	
Have you ever had a certificate, license or registration revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	

Employment Record	Please list all work experience beginning with your most recent job held. Attach a separate page if needed. All sections must be completed. References to resume will not be accepted.	
	Employer _____ Phone () _____ From _____ To _____ month/year month/year	
	Address _____ City, State, Zip _____	
	Job Title _____ Duties _____	
	Name and Title of Supervisor _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving _____ Salary/Wages \$ _____	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Number of Hours per week _____	
	Employer _____ Phone () _____ From _____ To _____ month/year month/year	
	Address _____ City, State, Zip _____	
	Job Title _____ Duties _____	
	Name and Title of Supervisor _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving _____ Salary/Wages \$ _____	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Number of Hours per week _____	
	Employer _____ Phone () _____ From _____ To _____ month/year month/year	
	Address _____ City, State, Zip _____	
	Job Title _____ Duties _____	
	Name and Title of Supervisor _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving _____ Salary/Wages \$ _____	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Number of Hours per week _____		

Miscellaneous	Have you ever been discharged, disciplined or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____
	Do you have any relatives employed by the Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what location and who? _____ _____

Business References	Name	Address	Years Known	Occupation	Phone Number

Authorization and Understanding	<p>Upon the signing of this application, I represent that all the information now and hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information, as you require, including my prior disciplinary employment record. I hereby release you from any liability whatsoever as a result of such inquiries and disclosures. I understand that any false information in support of my application may subject me to discharge at any time during the period of my employment. I agree that I shall be bound by the rules, policies and regulations of the Board, and these are, from time-to-time, subject to change with or without notice to me.</p> <p>Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Lucas 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 be hired.</p>
	Signature _____ Date _____

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