

DEVELOPMENTAL DISABILITIES OF CLARK COUNTY

2527 Kenton Street, Springfield, Ohio 45505

clarkdd.org

EMPLOYMENT APPLICATION

PERSONAL INFORMATION: (Please type or print clearly)

Name: _____ SSN: _____
(last) (first) (MI)

Address: _____
(no.) (street) (city) (county) (state) (zip)

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ ext ____ May we contact you at work? ___ YES ___ NO

Home Email address: _____

POSITION APPLYING FOR	POSTING #	POSITION APPLYING FOR	POSTING #
1. _____	_____	2. _____	_____

ARE YOU INTERESTED IN:

- | | |
|--|--|
| <input type="checkbox"/> Full-time permanent work? | Shift preference, if any: _____ |
| <input type="checkbox"/> Part-time work? | Date available to start work: _____ |
| <input type="checkbox"/> Temporary work? | Location or Department preferred, if any: _____ |
| <input type="checkbox"/> On-call work? | If necessary, are you available to work overtime? ___ YES ___ NO |
| <input type="checkbox"/> Summer work only? | |

Are you legally eligible for employment in the United States? ___ YES ___ NO

Do you have a valid driver's license? ___ YES ___ NO *(If NO, you are not eligible for employment)*

Are you at least 18 years of age? ___ YES ___ NO *(If NO, you are not eligible for employment)*

Did you graduate from high school and/or complete a G.E.D? ___ YES ___ NO *(If NO, you are not eligible for employment)*

Have you worked for Developmental Disabilities of Clark County in the past? ___ YES ___ NO

IF YES, give dates: _____ to _____, in: _____ (department)
as _____ (position), under what name?: _____

Do you have any friends or relatives working for the Board? ___ YES ___ NO

(It is Board policy to not place an employee under the supervision of a relative, including spouses, or anyone else living in the same household.)

REFERENCES

List three professional references whom this agency may contact. Can include past or present supervisors/employers/co-workers, someone you have done work for (direct care, baby-sitting, yard-work, house cleaning, etc.), someone for whom you've volunteered for or with (civic club, Scouting, etc.), past/present teachers. Must be from three different jobs/activities. NO friends or family.

Please provide complete address, in the event we cannot reach your reference by phone.

NAME	PHONE NUMBERS – HOME &/OR CELL <small>(include area code)</small>	PLACE OF EMPLOYMENT, JOB, OR ACTIVITY THAT YOU KNOW THIS PERSON THROUGH
ADDRESS: _____		
ADDRESS: _____		
ADDRESS: _____		

EMPLOYMENT HISTORY -

List most recent employment first. ALL PAST EMPLOYMENT MUST BE GIVEN, INCLUDING SUMMER AND PART-TIME EMPLOYMENT. Ask for an additional sheet if necessary. If your job title or duties changed during employment with any one employer, please list as separate employers. A resume may **NOT** be used as a substitute for completing this page. Past employers may be contacted for work-related references.

Have you worked under another last name? Yes No If yes, please list names:

Name of **Current** Employer: _____ Tel. No.: (_____)_____

Address: _____
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: _____ Supervisor's Title: _____

Your Job Title: _____ Employed from _____ to _____ Current Salary: \$_____

Describe Responsibilities: _____

Reason for Leaving: _____

May we contact your current employer? _____ YES _____ NO

=====

Name of **Past** Employer: _____ Tel. No.: (_____)_____

Address: _____
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: _____ Supervisor's Title: _____

Your Job Title: _____ Employed from _____ to _____ Ending Salary: \$_____

Describe Responsibilities: _____

Reason for Leaving: _____

=====

Name of **Past** Employer: _____ Tel. No.: (_____)_____

Address: _____
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: _____ Supervisor's Title: _____

Your Job Title: _____ Employed from _____ to _____ Ending Salary: \$_____

Describe Responsibilities: _____

Reason for Leaving: _____

=====

Name of **Past** Employer: _____ Tel. No.: (_____)_____

Address: _____
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: _____ Supervisor's Title: _____

Your Job Title: _____ Employed from _____ to _____ Ending Salary: \$_____

Describe Responsibilities: _____

Reason for Leaving: _____

EDUCATION

TYPE	COMPLETE NAME & ADDRESS	YEARS COMPLETED (CIRCLE)	GRADUATE? (CIRCLE)	DEGREE/ CERTIFICATE	MAJOR
HIGH SCHOOL/GED		1 2 3 4 Or GED	YES NO		
COLLEGE		1 2 3 4	YES NO	AA BS BA OTHER:	
POST		# OF YRS:	YES NO	MS MA OTHER:	
BUSINESS/ TRADE		# OF YRS:	YES NO		
OTHER		# OF YRS:	YES NO		

A copy of university transcripts will be required with all applications for degreed positions. The final candidate must submit original university transcripts for all degreed positions, prior to date of hire. **All other applicants must submit proof of level of education required by the position** (high school diploma/GED or official letter/transcript from school, license) **with original application.**

CERTIFICATION/LICENSURE/REGISTRATION

Positions that involve directly providing services to Individuals, or supervising staff who provide services to Individuals, require certification, licensure, and/or registration. You may be required to complete seminars or college courses at your own expense to obtain certification. If you hold any of the applicable document(s), please enclose copies. Complete the information below as it relates to the position(s) for which you have applied.

Certification or Registration from the Department of Developmental Disabilities (workshop, early intervention, case management):

Type: _____ Validation: _____ Level: _____ Grade: _____ Expiration Date: _____

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

TYPE OF CERTIFICATE/REGISTRATION/LICENSE	AUTHORIZING BOARD OR AGENCY	EXPIRATION DATE
1.		
2.		

MISCELLANEOUS

1. Have you ever been discharged or requested to resign from a position? ___YES ___NO If YES, please explain: _____

2. Have you ever had a certificate, license or registration revoked or suspended? ___YES ___NO If YES, please explain: _____

ADDITIONAL INFORMATION

Please summarize other experiences, volunteer experience, skills or qualifications which you feel would qualify you for the position(s) for which you have applied: _____

THANK YOU for your interest in employment with the Board of Developmental Disabilities of Clark County. The Board provides a broad range of services to children and adults with developmental disabilities who live in Clark 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 completing the application, please advise Human Resources. Be sure your signature and the date appear on the back page of the application and return the completed application to Human Resources. 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

When completed applications are received in Human Resources, they are reviewed and made available to the supervisors in the facilities where appropriate openings exist, based upon the applicant's stated interests and qualifications.

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. Offers of employment may be extended only through the Superintendent/designee. All offers of employment are contingent upon successful completion of a job-related medical examination, a criminal history background check, and a driving abstract. A satisfactory employment physical, including a drug screening, and a satisfactory Two-Step Mantoux TB test are also required.

For scheduling purposes, please give 24 hours notice if you will not be able to keep interview/observation appointments. If we do not hear from you, your application will be put on inactive status and you may reapply in 1 year.

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK

Developmental Disabilities of Clark County 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 be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation & Identification and, if applicable, the Federal Bureau of Investigation. All offers of hire are contingent upon satisfactory reports. Disclosure of a criminal record will not necessarily disqualify you for employment. This report is not subject to the Ohio Public Records Act. You may request, in writing, a copy of the report.

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 statements made by me, are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, 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 Developmental Disabilities of Clark County to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation, I understand that Developmental Disabilities of Clark County 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 necessary 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 positions(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 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 understand that, once submitted, this application becomes a public record under the Ohio Public Records Act. As a public record, applications maintained by the county must be made available to any persons requesting to view them.

I grant permission to have this application and 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 that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____ Date: _____

**Submit this application to:
Developmental Disabilities of Clark County Human Resource Department, 2527 Kenton Street. Phone: (937)328-2729, Fax: (937)327-6601**

APPLICANT STOP HERE

This Section To Be Signed And Notarized In The Presence of a Developmental Disabilities of Clark County HR Assistant

Signature of Applicant: _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20____ at Springfield, County of Clark and State of Ohio.

Notary: _____