

Application Number: _____

APPLICATION FOR EMPLOYMENT



LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES/DEEPWOOD

8121 DEEPWOOD BLVD. • MENTOR, OHIO 44060 • 440-350-5100

IF YOU REQUIRE ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPT.

Please type or print clearly

PERSONAL INFORMATION

Date _____

Name _____ Last 4# of Soc. Sec. _____
Last First Middle

Address _____
No. Street City State Zip Code

Phone (home): () _____ For Messages: () _____
Area Code Area Code

All applicants/employees are required to have a home phone number or number where a message can be left which they will receive promptly.

•Positions applied for 1. _____ •Rate of Pay Expected \$ _____ per
in order of preference

2. _____ •Rate of Pay Expected \$ _____ per

•Location preferred, if any _____

•Date available to start work _____ •Hours available to work _____

•How did you learn of this opening? _____

•Have you worked for this agency before? Yes No
-If Yes, When? _____ Position held _____

-Reason for leaving _____

-Were you involved in disciplinary action? Yes No If Yes, please explain _____

•Are you 18 (eighteen) years of age or older? Yes No

•Are you related by birth or marriage to any employee or Board member of this agency? Yes No

If Yes, please state name of person and relationship _____

•Are you eligible to work in the United States? Yes No

THE BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position. Applicants for employment, consideration for promotional opportunities and other aspects of employment will be judged on the basis of an individual's ability to perform the essential job functions of the position with or without reasonable accommodation.

APPLICATIONS MUST BE COMPLETED ENTIRELY TO BE CONSIDERED FOR EMPLOYMENT

EMPLOYMENT HISTORY

Please list ALL employment history with the most recent first. Use additional sheet if necessary. Must include phone numbers.

Name of Employer _____ Telephone No. (_____)
 Address _____ Name & Title of Supervisor _____
 Status: Full Time Part Time Substitute
 Job Title _____ Dates of Employment _____ to _____ Salary Beginning _____ Ending _____
mo/yr mo/yr
 Describe Responsibilities _____
 Reason for Leaving _____

Name of Employer _____ Telephone No. (_____)
 Address _____ Name & Title of Supervisor _____
 Status: Full Time Part Time Substitute
 Job Title _____ Dates of Employment _____ to _____ Salary Beginning _____ Ending _____
mo/yr mo/yr
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mo/yr mo/yr
 Describe Responsibilities _____
 Reason for Leaving _____

May we contact the employers listed above? Yes No
 If No, indicate which one(s) you do not wish us to contact and why: _____

PERSONAL REFERENCES

List three references, excluding FORMER EMPLOYERS AND RELATIVES, who may be contacted. (Must include phone numbers)

Name	Occupation	No.	Street	City	State	Zip Code	Telephone No.
1.							
2.							
3.							

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EDUCATION

TYPE	Complete Name and Address	Years	Completed (circle one)				Diploma/ Degree		Major
		1	2	3	4	Yes	No		
High School									
College*									
Post Graduate*									
Business or Trade									
GED Certificate	Obtained Through: _____								

* Please submit official transcripts

CERTIFICATION | LICENSURE | REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. 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. Copy of high school diploma or GED Certificate is required.

Certification from the Ohio Department of Education? Yes No

Type Grade Effective Dates: From _____ To _____
Area

Certification from the Ohio Department of Developmental Disabilities? Yes No

Type Effective Dates: From _____ To _____

Please list other certificates, licenses or registrations that qualify you for the position(s) for which you have applied:

Types of Certificate/License/Registration	Authorizing Board or Agency	Expiration Dates
1.		
2.		
3.		

DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO State _____ Class _____ Endorsements _____ Expiration Date _____

ADDITIONAL INFORMATION

List any other certification/information/experiences which you believe would benefit this agency:

I solemnly swear and affirm that I read this employment application in its entirety. The answer to each and every question and any additional statements and/or materials submitted with this application are true and accurate to the best of my knowledge and belief. I understand and agree that the submission of any false and/or misleading statements or the failure to disclose relevant information deemed material to the application process - no matter when discovered - may result in my disqualification for employment or termination of my continued employment, at the discretion of the Board.

I authorize the Board to make whatever inquiries it considers necessary and appropriate of any person or organization to verify any of the information I have provided in this application and to determine my experience, qualifications, skills and abilities. I grant permission for this application and attachments, if any, to be duplicated and distributed to Board employees responsible for reviewing, interviewing and recommending applicants for employment and to Board employees responsible for personnel records.

I hereby waive all provisions of the law forbidding colleges or universities which I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, and I hereby consent to their disclosure of such knowledge or information to the Board, its authorized employees or to the Division of Personnel, Ohio Department of Administrative Services without my prior notice.

I understand that the Board is required by Ohio law to conduct a record check of the criminal conviction history of an applicant under final consideration for employment with the Board. Ohio law and Board policy make applicants with certain criminal conviction histories ineligible for employment. I understand that if requested I will be required to complete an affidavit regarding my criminal conviction history and be fingerprinted. The criminal conviction record check will be conducted by the Ohio Bureau of Criminal Investigation and Identification which may include information from the Federal Bureau of Investigation and, at the Board's discretion, other state and/or federal agencies. The report of my criminal conviction history, if any, may be made available (Pursuant to Section 5126.28 (c) of the Ohio Revised Code) to Board members, Board employees responsible for employment decisions or any hearing officer in the case of denial of employment. I will be provided with a copy of the report. I understand and agree that my eligibility for employment is subject to and conditioned upon review and evaluation of the criminal conviction history, if any, contained in the report.

I understand and agree that all offers of employment are subject to and conditioned upon the results of a pre-employment physical, including a drug test and tuberculosis test or chest x-ray, verifying my fitness for duty and ability to perform the essential functions of the position with or without reasonable accommodation.

I understand and agree, that as a condition of employment and continued employment, I shall meet and maintain any and all required standards for my position, including but not limited to certification, registration, licensure and/or training. I further understand and agree that in order to renew a certification, registration or licensure, or otherwise as a condition of continued employment, I may be required to enroll in and successfully complete college courses, classes, seminars and/or other job-related training which may be at my expense.

I am prepared to offer documentation of my right to work in the United States.

Date

SIGNATURE OF APPLICANT
