

\_\_\_\_\_  
Last Name (PLEASE PRINT) First Name

## Washington County Board of Developmental Disabilities

### PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION

#### TO ALL APPLICANTS

Thank you for your interest in employment with the Washington County Board of Developmental Disabilities. The Board provides a broad range of services to children and adults with developmental disabilities who live in Washington 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 the Personnel Department. Be sure your signature and the date appear on the last page of the application and return the completed application to the Personnel Department at the above address. All applications will be kept on active status for a period of six months. 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 by the Personnel Department, they are reviewed and made available to the supervisors in the departments where appropriate openings exist based upon the applicant's stated areas of interest and qualifications.

Because there are generally more applicants than available positions, not all applicants will receive interviews. Interviews are scheduled by the supervisor of the department based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodations. Following the initial interview, applicants may be recommended for additional interviews with other staff, supervisors and the Superintendent. All offers of employment may be extended only by the Superintendent.

All offers of employment are contingent upon:

- **COMPLETED APPLICATION**
- **EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYER**
- **PERSONAL REFERENCE CHECK**
- **CRIMINAL RECORD CHECK (INCLUDING ABUSER REGISTRY VERIFICATION AND NURSE AIDE REGISTRY CHECK)**
- **SUCCESSFUL COMPLETION OF JOB-RELATED MEDICAL EXAMINATION**
- **A DRIVING ABSTRACT (If The Position Requires The Person To Transport Clients Of Operate Agency Vehicles For Any Other Purpose)**

#### 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 and copying. Applicants who have completed college or coursework related to the position applied for are requested to submit official transcripts with the application. If hired, original transcripts **must** be submitted prior to any salary credit for education.

I, \_\_\_\_\_ have read the above statements.  
Signature of Applicant



# WCBDD

1701 COLEGATE DRIVE, MARIETTA, OH 45750

WASHINGTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

PHONE: (740) 373-3781 (Voice/TDD)  
FAX: (740) 373-1373

## EMPLOYMENT APPLICATION

### PLEASE PRINT

NAME \_\_\_\_\_  
Last First Middle

THE WASHINGTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES IS AN EQUAL OPPORTUNITY EMPLOYER.

This philosophy calls for equal opportunity employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to essential duties of the position.

Applications for the Washington County Board of Developmental Disabilities positions are considered public records under Ohio's Public Records Act. As a public record, application maintained by the county are made available to any persons requesting to view them.

Revised 3/24/09

### **TO BE COMPLETED BY PERSONNEL DEPARTMENT:**

Date Received: \_\_\_\_\_

References: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Abuser Registry Verification: \_\_\_\_\_

Nurse Aide Registry: \_\_\_\_\_

Criminal Record Check: \_\_\_\_\_

**PERSONAL INFORMATION**

(Please Type or Print Clearly)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?  Yes  No

Position(s) applied for: \_\_\_\_\_  Full Time  Part Time or Substitute

Rate of Pay expected \$ \_\_\_\_\_ per \_\_\_\_\_ Date available to start \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Have you ever worked for this agency before?  Yes  No When? \_\_\_\_\_

Do you have relatives or friends employed at this agency?  Yes  No

If Yes, list name and relationship. \_\_\_\_\_

(It is the Board policy not to place an employee under the supervision of a friend or relative.)

Do you have any time commitments that might interfere with your employment?  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? (please refer to job description)  Yes  No

If No, please explain: \_\_\_\_\_

Have you ever been discharged or requested to resign from a position?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever had a certificate, license or registration revoked or suspended?  Yes  No

If Yes, please explain \_\_\_\_\_

**NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK**

The Board 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 complete an affidavit and be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation and Identification or, at the Board's discretion, other state or federal agency. All offers of hire are contingent upon satisfactory reports. Disclosure of a criminal record will not be 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 will be given a copy of the report.

**EMPLOYMENT HISTORY** – List most recent first. Use 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 application.

Name of Employer \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and 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**

Type	Complete Name & Address	Years Completed (Circle)	Graduated (Circle)	Degree	Major
High School		1 2 3 4	Yes No		
College*		1 2 3 4	Yes No		
Post Graduate*		1 2 3 4	Yes No		
Business/Trade*		1 2 3 4	Yes No		
Other		1 2 3 4	Yes No		

\*Please submit transcripts (copies accepted for application – original transcripts required at hire).

**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.

Certificate or Registration from the Ohio Department of Education

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certification or Registration from the Ohio Department of MR/DD**

Type \_\_\_\_\_ Validation \_\_\_\_\_ Level \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please list other certificates, registrations or licenses you have that are required for the position(s) for which you applied.

Type of Certification/Registration/License	Authorizing Board or Agency	Expiration Date
1.		
2.		
3.		

**PERSONAL REFERENCES**

List three (3) references, excluding former employers and relatives, this agency has permission to contact. Phone numbers MUST be included.

Name	Occupation	Street	City	State	Zip	Phone
						( )
						( )
						( )

**ADDITIONAL INFORMATION**

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

**APPLICANT'S AGREEMENT**

I certify that I have read and understand the instructions on the front page and all other information on the 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 or misrepresentations of fact called for in this application may result in rejection of my application. I agree to submit to such lawful examinations, medical or substance abuse, or others as may be required by the board.

I authorize the Board and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. **I understand the Board will contact the required 3 personal and 3 employment references listed on the application.** I authorize all employers (unless restricted on page 3 of this application), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all 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).

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 and enclosures duplicated and to be distributed to the Board's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1.) If the position you desire requires additional credit hours for state approval, do you as a condition of employment, agree to obtain same?  Yes  No

If No, please explain \_\_\_\_\_

2.) If the position for which you are applying requires licensing or certification, please indicate your license or certification number below and expiration date:

Certification Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3.) What experience have you had which would prove valuable in fulfilling the position for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) If applying for substitute position what areas are you interested in working:

- |                                                         |                                                       |                                                        |
|---------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Ewing School Classrooms        | <input type="checkbox"/> Clerical                     | <input type="checkbox"/> Transportation (CDL required) |
| <input type="checkbox"/> Adult Services Workshop        | <input type="checkbox"/> Adult Services Work Sites    |                                                        |
| <input type="checkbox"/> Lifeguard (Need certification) | <input type="checkbox"/> Nursing (OH Nursing License) |                                                        |

I HEREBY CERTIFY THAT ALL STATEMENTS APPEARING IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE, ACCURATE AND COMPLETE. I AUTHORIZE AN INVESTIGATION OF ALL SAID STATEMENTS.

I UNDERSTAND THAT BY MAKING APPLICATIONS, I AM NOT ASSURED OF AN INTERVIEW OR POSITION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

THIS APPLICATION IS VALID FOR SIX MONTHS.



**WASHINGTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**  
**1701 Colegate Drive**  
**Marietta, OH 45750**

**EMPLOYMENT REFERENCE FORM**  
**All reference forms must be filled out with current addresses, signed and returned with the application.**  
**The WCBDD will send out all reference requests.**

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, Hereby authorize the above named individual or agency to release the  
 (Please Print) information requested below to serve as a reference for employment.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date

*Applicant: Do **NOT** proceed below line. Sign above and return this page with application.*

The individual above has applied for a position as \_\_\_\_\_ in our Organization. Please complete the following questions concerning the qualification of the applicant and return this form in the enclosed envelope. Thank you in advance for your cooperation.

\_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date

**PLEASE CHECK THE APPROPRIATE AREA:**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
1. Character (integrity, dependability, honesty)	_____	_____	_____	_____
2. Adaptability (adjusts well, flexibility)	_____	_____	_____	_____
3. Mental alertness (grasps points, responsive)	_____	_____	_____	_____
4. Teamwork (cooperative, sense of team concept)	_____	_____	_____	_____
5. Attendance (regular in attendance)	_____	_____	_____	_____
6. Punctuality (for work and return from breaks)	_____	_____	_____	_____
7. Knowledge of subject matter	_____	_____	_____	_____
8. Organization of work (daily planning)	_____	_____	_____	_____
9. Professional growth (course work taken)	_____	_____	_____	_____

How long have you know this applicant? \_\_\_\_\_

What was your professional association with this applicant? \_\_\_\_\_

Applicant's employment dates: From: \_\_\_\_\_ To: \_\_\_\_\_

If you were in a position to employ this applicant, would you consider hiring him/her? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Name of person completing form \_\_\_\_\_ Position \_\_\_\_\_ Date



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Comments: \_\_\_\_\_

\_\_\_\_\_ Name of person completing form \_\_\_\_\_ Position \_\_\_\_\_ Date

WASHINGTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

CIVIL RIGHTS INFORMATION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO PERSONNEL DEPARTMENT

The Department of Administration Services requests that you supply information below in order to assist our effort in regard to equal employment opportunity. This information is strictly voluntary and will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purpose only (EXCLUDING THE TEST ACCOMMODATION INFORMATION). Thank you for your cooperation.

NAME \_\_\_\_\_

SS# \_\_\_\_\_ - -

SEX M OR F

DATE OF BIRTH \_\_\_\_\_

- RACE:
- \_\_\_\_\_ WHITE  
(Persons having origins in any of the original 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 America, 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)
  - \_\_\_\_\_ ASAIN/PACIFIC ISLANDERS  
(Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders)

- HANDICAP:
- Yes – Individual with a physical condition that limits his/her ability to attain employment
  - No

Important Note: If you have a handicap which requires special accommodation in testing, please check YES box. Use the back of this sheet to describe the type of accommodation required, such as closed circuit TV, Opticians, readers, large type, Braille, or sign language interpreter, if known.

I HAVE A HANDICAP WHICH REQUIRES ACCOMMODATION IN TESTING  YES



**WASHINGTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**  
**1701 Colegate Drive**  
**Marietta, OH 45750**

## **RECORDS CHECK FORM LAW ENFORCEMENT**

TO: Washington County Sheriff's Office  
101 Westview Avenue  
Marietta, Ohio 45750

I, \_\_\_\_\_, hereby authorize the law  
*(Please PRINT Name)*  
 enforcement agency to release any and all records concerning myself as part of my  
 employment reference.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Date

The individual above has applied for the position as \_\_\_\_\_  
 in our organization. Please complete a records check for our agency and return the results to  
 us in the enclosed envelope. Thank you in advance for your cooperation.

\_\_\_\_\_  
 Supervisor

\_\_\_\_\_  
 Date

Ewing School\*Early Intervention\* Therapy Services\*Family Supports  
 1701 Colegate Drive, Marietta, Ohio 45750-1335\*Voice/TDD: 740-373-3781\*Fax: 740-373-1373  
 Service and Support Administration, 1701 Colegate Drive, Marietta, Ohio 45750-1335\*740-373-5147\*Fax: 740-373-1386  
 WASCO, Inc.\*Adult Services\* Family Resources\*Compliance Unit\*\*340 Muskingum Drive, Marietta, Ohio 45750-1435\*740-373-3418  
 The Washington County Board of Developmental Disabilities does not discriminate in employment or services on the basis of race, color, creed,  
 national origin, sex, age or handicap.