

Last Name, First Name _____

Date Received: _____

(PLEASE PRINT)

Washington County Board of Developmental Disabilities
EMPLOYMENT APPLICATION

Mail applications to:

Washington County Board of Developmental Disabilities
Malisa Barnes, Personnel
1701 Colegate Drive, Marietta, OH 45750

For all employment/application related questions:

Malisa Barnes, Personnel
(740) 373-3781, Extension 38
Brenda Riffe, Superintendent
(740) 373-3781, Extension 14

Or drop off at: Ewing School at the address above

TO ALL APPLICANTS:

Thank you for your interest in employment with the Washington County Board of Developmental Disabilities. When completing this application, answer all questions thoroughly. Fill out on-line or print off the application and type or print clearly. If you need assistance completing the application, please advise the Personnel Department. Be sure that your signature appears on the last page of the application and return your completed application to the Personnel Department at Ewing School. All applications will be kept on active status for one year. If you are not hired but are still interested in employment with this organization after one year, you will need to complete a new application.

SELECTION PROCESS:

When completed applications are received by the Personnel Department, they will be considered for appropriate vacancies based on the applicant's stated areas of interest and qualifications. Because there are generally more applications than vacant positions, not all applicants will be asked to participate in an interview. The Personnel Department schedules interviews based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodations. All offers of employment are contingent upon successful completion of: a completed application, employment references checks, criminal background checks, medical examination with drug test, and when requested, a clear driving abstract.

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.

***Copy of high school diploma or equivalent must be submitted with application. Copy of college transcripts must be submitted if desired position requires degree. Applications submitted without required documentation will not be processed.*

NOTICE OF REQUIREMENT OF CRIMINAL BACKGROUND CHECK:

The Board is required 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. All offers of employment are contingent upon satisfactory reports. Disclosure of criminal records 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 receive a copy of this report.

EQUAL OPPORTUNITY EMPLOYER:

The Board provides equal opportunity for employment, training, and advancement regardless of age, color, disability, genetic information, military status, veterans' status, national origin/ancestry, race, religion, sex or sexual orientation.

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: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Dates of Employment: _____ to _____ Ending Salary: _____

Name and Title of Supervisor: _____

Describe Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Dates of Employment: _____ to _____ Ending Salary: _____

Name and Title of Supervisor: _____

Describe Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Dates of Employment: _____ to _____ Ending Salary: _____

Name and Title of Supervisor: _____

Describe Responsibilities: _____

Reason for Leaving: _____

Per OAC 5123: Previous employers must be contacted as references for employment. If there are any employers that we may NOT contact for a reference, please state employer name and brief explanation as to why:

EDUCATION

Type	Complete Name & Address	Years Completed	Graduated	Degree	Major
High School	_____	1 2 3 4 ○ ○ ○ ○	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
College*	_____	1 2 3 4 ○ ○ ○ ○	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Post Graduate*	_____	1 2 3 4 ○ ○ ○ ○	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Business/ Trade	_____	1 2 3 4 ○ ○ ○ ○	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	_____	1 2 3 4 ○ ○ ○ ○	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

***GRADUATION FROM HIGH SCHOOL OR EQUIVALENT IS REQUIRED FOR EMPLOYMENT. PROOF OF HIGH SCHOOL COMPLETION MUST BE SUBMITTED WITH APPLICATION. FOR GED RECIPIENTS OFFICIAL TRANSCRIPTS MUST BE SUBMITTED. COLLEGE TRANSCRIPTS MUST BE SUBMITTED IF DESIRED POSITION REQUIRES DEGREE. APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE PROCESSED.**

CERTIFICATION/LICENSURE/REGISTRATION

Complete the information below as it relates to the position for which you have applied. Enclose copies of the applicable document(s).
Certificate or Registration from the Ohio Department of Education

Type _____ Expiration Date _____

Certification or Registration from the Ohio Department of Developmental Disabilities

Type _____ Expiration Date _____

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

Type of Certificate/Registration/License	Authorizing Board or Agency	Expiration Date
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

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

1. Name: _____ Occupation: _____

Address: _____ Phone Number: _____
2. Name: _____ Occupation: _____

Address: _____ Phone Number: _____
3. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

EMPLOYEE QUESTIONNAIRE

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

2. Tell us about yourself. (Education, achievements, goals, experiences, etc.)

3. What motivates your work?

4. What are your future goals?

APPLICANT'S AGREEMENT

I certify that I have read and understand the instructions on the front page 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, omission, or misrepresentation of fact provided in this application may result in rejection of my application or termination at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to examinations, including medical, or substance testing as may be required by the Board.

I authorize the Board and/or its agents including consumer reporting bureaus, to verify any of the information I have provided by researching appropriate information and record sources. I understand the Board will contact the three personal references and three employment references listed in this application. I authorize all employers (unless noted in employment history), 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 the minimum qualifications as stated on the job posting(s) for the positions(s) for which I am applying.

I understand and agree that as a condition of employment, I will 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, and recommending applicants for employment and to employees responsible for personnel records and reports.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Washington 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. Bus drivers, bus aides and anyone holding an ODE Certification are subject to a criminal background check under R.C. 3319.39. 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 being hired.

I understand that my completing this application, I am not assured of an interview or position.

Signature of Applicant

Date

Washington County Board of Developmental Disabilities
Civil Rights Information Form

This form is voluntary. The purpose of collecting the data is to comply with Federal and State equal opportunity record keeping, reporting and other legal requirements only. This form has no connection with your consideration for employment. Please note that your name is NOT required and that this form is kept in a CONFIDENTIAL FILE.

Name _____

Social Security Number _____

Sex Male Female

Date of Birth _____

Race White
(Persons having origins in any of the original people 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.)

Asian/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

Note: If you have a handicap which requires special accommodation in testing, please check the YES box below.

I have a handicap which requires accommodation in testing. Yes

If you answered Yes to the above, please describe the type of accommodation required, such as closed circuit TV, Opticians, readers, large type, Braille, or sign language interpreter, if known.



EMPLOYMENT REFERENCE FORM

All reference forms must be filled out with current address, signed by the applicant, and returned with the application. The WCBDD will send out all reference requests. Reference forms already completed when the application is returned will not be accepted.

NAME OF REFERENCE: _____

REFERENCE ADDRESS: _____

REFERENCE EMAIL: _____ REFERENCE PHONE: _____

I, _____, hereby authorize the above named individual or agency to release the information requested below to serve as a reference for employment.

PRINT NAME

Applicant's Signature

Date

APPLICANT: Do **NOT** proceed below this line. Fill in information above and return this page with your application.

The individual above has applied for a position as a(n) _____ in our organization. Please complete the following questions concerning the qualifications of the applicant and return this form in the enclosed envelope. Thank you in advance for your cooperation.

Personnel Department

Date

PLEASE CHECK THE APPROPRIATE RATING:

	Excellent	Good	Fair	Poor
Character: integrity, dependability, honesty	_____	_____	_____	_____
Adaptability: adjust well, flexibility	_____	_____	_____	_____
Mental alertness: grasps points, responsive	_____	_____	_____	_____
Teamwork: cooperative, sense of team concept	_____	_____	_____	_____
Attendance: regular in attendance	_____	_____	_____	_____
Punctuality: for work and return from breaks	_____	_____	_____	_____
Knowledge of subject matter	_____	_____	_____	_____
Organization of work: daily planning	_____	_____	_____	_____
Professional growth: course work taken	_____	_____	_____	_____

How long have you known the applicant? _____

What was your professional association with the applicant? _____

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

Comments: _____

Name of Person Completing Form

Position

Date

For Office Use Only:

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