



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

The information requested is needed to help the Portage County Board of Developmental Disabilities (PCBDD) assess your employment interests and qualifications and to enable us to contact you. Should you require any assistance in completing this form, please notify the person from whom you obtained this application.

DO NOT USE "SEE RESUME" IN LIEU OF COMPLETING THIS APPLICATION. Resumes or other relevant documents may be attached to this application but are not a substitute for furnishing responses on this application form. PCBDD may refuse employment consideration if the application is not filled out completely and accurately. Please submit one application for each position for which you wish to be considered.

PLEASE TYPE OR PRINT CLEARLY USING INK

POSITION APPLIED FOR: _____ Date of Application _____
 Full Time _____ Part Time _____ Substitute _____ Temporary _____
 Rate of pay expected _____ Hours available _____ Date available _____
 How did you learn of this opening? _____ Advertisement _____ Employment Agency _____ Professional Association
 _____ College Placement Office _____ Relative _____ PCBDD Employee
 _____ Other: _____ Name of Source (if applicable) _____
 Are you authorized to work in the United States? Yes _____ No _____

Name _____

Last First Middle

Present Address _____ Home Phone: (_____) _____
 No. & Street _____ Work Phone: (_____) _____
 _____ Cell Phone: (_____) _____
 City State Zip

Have you ever been a member of the State of Ohio retirement system? Yes _____ No _____
 If yes, when? _____ Employing agency _____
 (Attach additional sheets if necessary.) Previous job title _____

Do you have any relatives who are employees or Board members of PCBDD? Yes _____ No _____
 If yes, provide names and relationship to you _____
 (Hiring of relatives may be precluded when: 1) one relative would supervise or have disciplinary authority over another or would audit the work of another, or; 2) a conflict of interest would exist between the relative and the employee, the relative and the PCBDD, or any employee and the clients of the PCBDD.)

Pursuant to Ohio Revised Code Sections 5123.081 and 109.572 and Ohio Administrative Code Section 5123:2-2-02, certain criminal convictions may disqualify an applicant from employment.

I acknowledge that I must undergo a criminal background check when required and that certain offenses may disqualify me from employment. (Please initial here) _____

FOR PCBDD USE ONLY: _____ Date application received: _____

Application reviewed by: _____
 Meets minimum requirements? Yes _____ No _____
 Interview: Yes _____ No _____ Interviewed by: _____

COMMENTS: _____

EDUCATION

	COMPLETE NAME & ADDRESS	NO. YEARS COMPLETED	DID YOU GRADUATE? (Please Mark)	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you obtain GED? ___ Yes (Attach copy of GED) ___ No
COLLEGE OR UNIVERSITY*			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
GRADUATE SCHOOL*			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
POST GRADUATE*			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
BUSINESS OR TRADE/TECHNICAL*			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:

* Please submit transcripts (copies accepted for application – official transcripts sent directly to PCBDD from college(s) or school(s) needed at time of employment)

LICENSES / CERTIFICATIONS / REGISTRATIONS (ALL APPLICANTS)

State certification, licensure, or registration is REQUIRED for many PCBDD positions. Be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position for which you are applying.

TYPE OF LICENSE/CERTIFICATION/REGISTRATION	AUTHORIZING DEPARTMENT, BOARD OR AGENCY	EXPIRATION DATE
1.		
2.		
3.		

Do you have a valid driver's license?

Yes ___ No ___ State _____ Class _____ Endorsement(s) _____ Expiration Date _____

SKILLS DATA (Check all that are applicable to the position for which you are applying.)

- Computer Skills** PC/Windows MS Word MS Excel MS PowerPoint MS Access
 Macintosh Databases Internet Other (list) _____
- Office Skills** Typing Filing Accounting Copier Fax
 MULTI-LINE PHONE SYSTEM DATA ENTRY OTHER (LIST) _____
- Maintenance Skills** Electrical Plumbing HVAC Carpentry Masonry Painting
 PLASTERING JANITORIAL ENGINES OTHER (LIST) _____

Please list any other related training, skills or experience. _____

EMPLOYMENT HISTORY (Please read these instructions carefully before completing.)

Please provide your work experience, starting with the most recent. List all employment during the last 10 years, including military service, whether full-time, part-time, seasonal or temporary. Also account for all periods of unemployment. If your title and duties changed substantially in any one organization, indicate such changes as separate employments. You may include additional experience beyond the last 10 years if it is related to employment you seek. Attach additional sheets using this format if more space is needed. **Do not use "SEE RESUME" in lieu of completing the application.**

DATES (Mo/yr.)		Name & Address of Employer Phone No.:	Supervisor Name and Title	RATE OF PAY		REASON FOR LEAVING
FROM	TO			START	FINISH	

JOB TITLE:
DUTIES:

DATES (Mo/yr.)		Name & Address of Employer Phone No.:	Supervisor Name and Title	RATE OF PAY		REASON FOR LEAVING
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FROM	TO			START	FINISH	

JOB TITLE:
DUTIES:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES _____ EXCEPT FOR THE FOLLOWING: _____

ADDITIONAL INFORMATION (Optional)

Describe any additional information which you believe is related to the position for which you are applying.

REFERENCES Please list 3 individuals, excluding former employers and relatives, who may be contacted for a professional reference.
(Please print clearly)

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>OCCUPATION</i>	<i>YEARS KNOWN</i>

**APPLICANT CERTIFICATION AND AGREEMENT
READ CAREFULLY BEFORE SIGNING**

I understand that the Portage County Board of Developmental Disabilities (PCBDD) is required by Ohio law to conduct a record check of the criminal conviction history of an applicant under final consideration for employment. Ohio law and PCBDD 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 agency may include information from the Federal Bureau of Investigation and, at PCBDD’s discretion, other state and/or federal agencies. The report of my criminal conviction history, if any, may be made available (pursuant to Ohio Revised Code Section 5123.081) to PCBDD Board members, PCBDD 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 I must fully and completely disclose my criminal conviction history, if any, when requested.

I authorize PCBDD (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my past employment. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. I grant permission for this application and attachments, if any, to be duplicated and distributed to PCBDD employees responsible for reviewing, interviewing and recommending applicants for employment and to PCBDD employees responsible for personnel records. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver’s license, I also authorize PCBDD to verify the validity of my driver’s license and/or review the state’s Motor Vehicle Registration Records.

I understand and agree that an offer of employment is subject to and conditioned upon the results of a pre-employment physical, including a drug/alcohol screening 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 and I consent to the examinations and such future examinations as may be required by PCBDD.

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 hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for disqualification for employment or termination of my employment, at the discretion of PCBDD. By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

APPLICANT SIGNATURE

DATE