

LICKING COUNTY
— Board of —
DEVELOPMENTAL DISABILITIES

116 N. 22nd Street

Newark, Ohio 43055

Application for Employment

<p>Name Last, First Middle</p> <p>Date</p>	<p style="text-align: right;"><i>For Office Use Only</i></p> <p>Date Received: _____</p> <p>Distributed to: _____</p>
--	---

TO ALL APPLICANTS - (please read carefully)

Thank you for your interest in employment with the Licking County Board of Developmental Disabilities (LCBDD). The Board supports people with developmental disabilities to discover, pursue, and achieve what is important to them.

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application. Return the completed application to the Human Resources Department using the address above.

HIRING PROCESS

When completed applications are received by the Human Resources Department, they are reviewed and made available to the hiring supervisor in the component where appropriate openings exist.

Because there are generally many more applicants than open positions, we cannot promise an interview for each applicant. Interviews will be scheduled based upon the applicant's qualifications (education, related experience, etc.), date of application, position openings, etc.

Because there are occasions when similar openings exist in two or more components at the same time, it is possible that applicants may be contacted for more than one interview.

Following the initial interview, applicants may be recommended for an additional interview. Though such interviews are scheduled promptly, the total process may take several weeks.

All applications will be kept on file for one year. If you are not hired, yet continue to have an interest in employment after a year, please submit another application.

CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure, and/or registration. If you are applying for any of these positions, please complete the appropriate information on the application **and be sure to enclose a copy of your current certificate, licensure and/or registration**. If applicable, applicants who have attended college are requested to **submit official transcripts with the application**. Examples of certification are: Early Intervention, and Service and Support Certification from the Ohio Department of Developmental Disabilities.

An Equal Opportunity Employer and Service Provider

For Office Use Only

Date received _____

Distributed to _____

PERSONAL INFORMATION

Please print clearly

Date

Name: Last, First Middle

Address: No. Street City State Zip Code

Telephone No. Email:

Positions applied for in order of preference 1. Rate of pay desired \$ per 2. Rate of pay desired \$ per

Date available to start work

How did you learn of this opening? Have you worked for this LCBDD before? Yes No

List friends or relatives working for LCBDD:

Can you perform, with or without accommodation, the essential job requirements of the specific job(s) for which you are applying? Yes No If no, please explain:

EMPLOYMENT HISTORY (List most recent first.) Use additional sheet if necessary.

Name of Employer	Telephone No.
Address	Name & Title of Supervisor
Job Title	Dates of Employment to Salary: Beginning Ending
Describe Responsibilities	Mo. Yr. Mo. Yr.
Reason for Leaving	

Name of Employer	Telephone No.
Address	Name & Title of Supervisor
Job Title	Dates of Employment to Salary: Beginning Ending
Describe Responsibilities	Mo. Yr. Mo. Yr.
Reason for Leaving	

Name of Employer	Telephone No.
Address	Name & Title of Supervisor
Job Title	Dates of Employment to Salary: Beginning Ending
Describe Responsibilities	Mo. Yr. Mo. Yr.
Reason for Leaving	

Name of Employer	Telephone No.
Address	Name & Title of Supervisor
Job Title	Dates of Employment to Salary: Beginning Ending
Describe Responsibilities	Mo. Yr. Mo. Yr.
Reason for Leaving	

List the employers we may NOT contact for a reference

EDUCATION

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

*Proof of graduation will be required before an employment offer

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.

Do You Have:

Certification or Registration from the Ohio Dept. of Developmental Disabilities? Yes No

Type

Expiration Date

Other certificates, licenses or registrations that qualify you for the position(s) for which you have applied? Yes No
If yes, complete the information below.

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

EMERGENCY INFORMATION

Person to be notified in case of emergency

Name Telephone No.
 Last First Middle Relationship
 Address No. Street City State Zip Code

REFERENCES

List three references. PREFERABLY CURRENT OR FORMER EMPLOYERS, whom this agency has permission to contact.

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

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

If necessary, I will take courses required for Certification/Registration by the Ohio Department of Developmental Disabilities and/or the Ohio Department of Education. I understand that these may be college courses and that I will be responsible for payment.

Yes

No

I grant my permission to have this application and any enclosures duplicated and distributed for recruitment purposes within the Licking County Board of Developmental Disabilities.

Yes

No

CRIMINAL RECORDS CHECK AND DRUG SCREENING

A pre-employment criminal record background check and a drug and alcohol screening will be conducted for the final candidate(s) for open positions. This includes an Ohio Bureau of Criminal Identification and Investigation (BCII) and sometimes a Federal Bureau of Investigation (FBI) criminal records check and a 5 Panel Drug Screening by a laboratory selected by LCBDD.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Licking 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 and under some circumstances a Federal Bureau of Investigation criminal records check. For more information, please review OAC 5123:2-2-02. 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 5 panel drug test prior to being hired.

SIGNATURE OF APPLICANT _____

Date: _____

An Equal Opportunity Employer and Service Provider