

ROSS COUNTY BOARD OF DD
11268 COUNTY ROAD 550 CHILLICOTHE, OH 45601
APPLICATION FOR EMPLOYMENT

Last Name _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

County _____ Phone: Area Code _____ Home _____ Work _____

Social Security # _____ Position Applied For: _____

Indicate your interest: _____ Full-Time Permanent Work; _____ Part-Time;

_____ Temporary/Substitute Work; _____ Summer Work Only; _____ Volunteer

EDUCATION

Total number of years of education, including primary school _____

Highest academic degree or level attained _____

Name/address of school, college or university where degree attained. If no degree, list last school attended _____

Major subject area of graduate degree, if any _____

If applying for a clerical position, list computer skills: _____

If you received training in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education above). Type of training _____

Organization _____

Length of training _____ Subjects covered _____

Briefly describe any additional information or special qualifications you have for the position(s) requested. Include special machines/equipment you operate, hobbies, or Certificates or Licenses: _____

Are you willing and able to secure an Ohio Driver's License, if required? _____ Yes _____ No

If necessary, can you supply your own transportation for work use? _____ Yes _____ No

Have you ever been employed in the state or county services of Ohio? _____ Yes _____ No

Have you ever been convicted of, found guilty of, or plead guilty to any misdemeanor other than traffic offenses? _____ Yes _____ No

Have you ever been convicted of, found guilty of, or plead guilty to any felony? _____ Yes _____ No

EXPERIENCE

Please print past work experience beginning with most recent employment. If the title and duties changed materially in the course of your service in any one organization, list changes as separate employment. Attach extra sheets, if necessary. Volunteer work may also be included.

PRESENT OR MOST RECENT JOB

Employer's name/address _____
Length of employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____
Reason for leaving _____
Position (job title/classification) _____ Salary: Beginning _____ Ending _____
Duties Performed: _____

Employer's name/address _____
Length of employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____
Reason for leaving _____
Position (job title/classification) _____ Salary: Beginning _____ Ending _____
Duties Performed: _____

Employer's name/address _____
Length of employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____
Reason for leaving _____
Position (job title/classification) _____ Salary: Beginning _____ Ending _____
Duties Performed: _____

REFERENCES

Please list the names and addresses of three individuals, other than relative, whom we may contact for a Professional Recommendation.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

APPLICANT'S AGREEMENT

As an applicant for employment with the Ross County Board of Developmental Disabilities, I understand and agree that the Board may make a thorough investigation of my past employment and activities through communication with any or all of my former employers listed on my application and any other sources of information that the Board deems appropriate.

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 authorize all employers, 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 requirements as stated on the job posting(s) for the position(s) for which I am applying. I am also able to perform all 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 that involve certification, registration, licensure and training. I further understand that I may be required to enroll in college courses and/or other training on my own time and at my own expense.

I understand that, as a condition of initial or continued employment, I agree to such lawful examinations, medical or substance abuse, or others as may be required by the Board.

I grant permission to have this application and its enclosures to be duplicated and 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.

I also certify that all statements contained herein or at any step of the employment process including any interview are true, complete and correct to the best of my knowledge. **I UNDERSTAND A FALSE ANSWER OR MATERIAL OMISSIONS MAY BE GROUNDS FOR DISMISSAL FROM EMPLOYMENT WITH THE BOARD.**

SIGNED _____ DATE _____

An Equal Opportunity Employer