



45 North Road; Niles, OH 44446
Phone: (330) 652-9800 Fax: (330) 652-1345

APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____

Referral Source: Advertisement Employee Relative Walk-in Employment Agency

Name of Source (if applicable) _____

Position(s) applying for? _____

Type of employment desired: Full Time Part Time Substitute

Have you ever applied for employment with us before? Yes No

If yes, what position(s)? _____ Date: _____

Have you ever been employed with us before? Yes No

If yes, what position(s)? _____ Date: _____

Are you legally eligible for employment in this country? Yes No

On what date can you be available for work? _____ Desired Salary Range: _____

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

If yes, explain: _____

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

If yes, explain: _____

Are you 18 years old or older? Yes No

Are you now or have you ever been a member of a State Retirement System of Ohio? Yes No

Do you have a current, valid Ohio Driver's License? Yes No

Commercial Driver's License? Yes No If yes, list Class: _____; Endorsement: _____

Have you ever served in the U.S. Armed Services? Yes No

If yes, what branch? _____

Describe training: _____

EDUCATION

Type	Complete Name and Address	Years Completed	Graduated Yes/No	Degree/Major
High School *				
College *				
Post Graduate *				
Business/Trade or Other *				

* Please submit transcripts (copies accepted for application – official transcripts necessary at time of hire)

Computer Skills: PC Windows Microsoft Office Excel Databases
 Internet Others (list): _____

Office Skills: Typing Filing Accounting Multi-line phone system
 Copier Fax Data Entry Shorthand
 Other (list): _____

Maintenance Skills: Electrical Plumbing HVAC Carpentry
 Masonry Painting Plastering Janitorial Engines
 Other (list): _____

Please list any pertinent skills and/or additional training: _____

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.

Certification from the Ohio Department of Education:

Type: _____ Grade: _____ Expiration Date: _____

Certification or Registration from the Ohio Department of Developmental Disabilities:

Type: _____ Validation: _____

Level: _____ Grade: _____ Expiration Date: _____

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

Type of Certification/License	Authorizing Board or Agency	Expiration Date

EMPLOYMENT HISTORY

List most recent first. Use additional sheet if necessary. If your job 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.

Employer: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name & Title of Supervisor: _____
Job Title: _____ Dates of Employment: _____
Starting Salary: _____ Ending Salary: _____ May we contact? Yes No
Describe Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name & Title of Supervisor: _____
Job Title: _____ Dates of Employment: _____
Starting Salary: _____ Ending Salary: _____ May we contact? Yes No
Describe Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name & Title of Supervisor: _____
Job Title: _____ Dates of Employment: _____
Starting Salary: _____ Ending Salary: _____ May we contact? Yes No
Describe Responsibilities: _____

Reason for leaving: _____

REFERENCES

Please list 3 individuals whom we may contact for a professional recommendation. No friends or relatives.

Full Name	Home or Business Address	Telephone Number

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Trumbull County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. In accordance with 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this organization. Therefore, all applicants under final consideration will be required to submit to a background check. For more information, please review OAC 5123:2-2-02. Your signature below verifies that you understand our requirement to conduct background checks following a conditional offer of employment. Your signature also verifies that you further understand that all prospective employees must pass a drug test prior to being hired.

APPLICANT'S AGREEMENT AND RELEASE

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, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, 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 agencies, 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 further release the Board of any and all claims of action arising out of the Board's efforts to verify the information I have provided in this application and/or its determination of my qualifications and abilities.

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 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 applications for employment and to employees responsible for personnel records and reports.

Signature: _____ Date: _____

The Trumbull County Board of Developmental Disabilities is an Equal Employment Opportunity Employer. It does not discriminate on the basis of age, race, color, religion, sex, disabilities, or national origin.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

The Trumbull County Board of Developmental Disabilities is an Equal Employment Opportunity Employer. It does not discriminate on the basis of age, race, color, religion, sex, disabilities, or national origin.

Date: _____

Position applied for: _____

Referral Source: Advertisement Employee Employment Agency
 Walk In Relative Other: _____
Name of Source (if applicable): _____

Applicant Name: _____
Last First Middle

Address: _____
Street City State Zip

As required, we comply with government regulations including Affirmative Action obligations.

In an effort to comply with requirements regarding governmental recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. This is voluntary and your cooperation would be appreciated.

Please be advised that your survey is not part of your application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One: Male Female

Check one of the following races/ethnic groups:
 Hispanic Black/African American White/Caucasian
 American Indian/Eskimo Asian/Pacific Islander Other (please specify): _____

SPECIAL NOTICE TO VIETNAM AREA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Individual with a Disability

To be completed by applicant – not for interview purposes – to be filed separately from the application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.