

Seneca County Board of Developmental Disabilities
 780 E. County Road 20
 Tiffin, OH 44883
 419-447-7521

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

First Name:	Last Name:
Street Address:	City, State, Zip
Phone:	Email address:
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you hear about this job?
Position applying for:	
Are you interested in: Full-time <input type="checkbox"/> Substitute <input type="checkbox"/> Date available to start:	
Weekdays available to substitute: Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Varies <input type="checkbox"/>	
Have you worked for the Opportunity Center before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates: _____
Do you have prior state or county service? Yes <input type="checkbox"/> No <input type="checkbox"/>	If the position requires travel, can you supply your own transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing and able to secure an Ohio Driver's License if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
For Bus Drivers: CDL# _____ Class _____ Endorsements: _____	
Have you ever been removed from employment due to a Hatch Act violation (illegal political activity of a government employee)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	EDUCATION	Years Completed	Did You Graduate?	
High School	Name: City & State:	1 2 3 4	Yes No	If no, did you obtain a GED? Yes No
College:	Name: City & State:	1 2 3 4	Yes No	Degree: Major:
Graduate:	Name: City & State:	1 2 3 4	Yes No	Degree: Major:
Trade:	Name: City & State:	1 2 3 4	Yes No	Degree: Major:

For all professional positions, official transcripts will be required.

LICENSURE / CERTIFICATION / REGISTRATION

Type/Level/Grade	Authorizing Agency / Department/ Board	Expiration Date

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records. Please list the most recent employment first. Incomplete applications will not be considered.

Name of Employer:		Phone #
Street Address	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City, State, Zip:	Job Title:	
Name of Supervisor:	Title of Supervisor:	
Ending Salary:	Dates of Employment:	
Responsibilities:		
Reason for Leaving:		

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Street Address	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City, State, Zip:	Job Title:	
Name of Supervisor:	Title of Supervisor:	
Ending Salary:	Dates of Employment:	
Responsibilities:		
Reason for Leaving:		

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Responsibilities:		
Reason for Leaving:		

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Street Address	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City, State, Zip	Job Title:	
Name of Supervisor:	Title of Supervisor:	
Ending Salary:	Dates of Employment:	
Responsibilities:		
Reason for Leaving:		

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Seneca 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. 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 some prospective employees must pass a drug test prior to being hired.

Applicant Signature _____ Date _____

REFERENCES

List three professional references this agency has permission to contact.

Name	Relationship	Phone Number

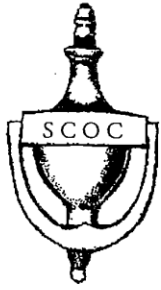
ADDITIONAL INFORMATION

Please summarize other experiences, skills, or qualifications which you feel would qualify you for the position for which you have applied (e.g., professional organizations, clerical skills, computer abilities, etc.)

APPLICANT'S AGREEMENT

I certify that the answers I have made to all questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that the making of false statements will be grounds for rejecting the application outright. If the false statement is not discovered until after I am employed, it will be grounds for removal. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the human resources department of the Seneca County Board of DD. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant Signature: _____ Date: _____



SENECA COUNTY OPPORTUNITY CENTER

780 E. Co. Rd. 20 • Tiffin, Ohio 44883 • Phone: 419.447.7521 • Fax: 419.448.5294

Consumer Advocacy & Supports
Service & Support Administration
School of Opportunity
Early Intervention
Seneca Re-Ad Industries, Inc.

Employee Information Release

As an applicant for employment with the Seneca County Board of Developmental Disabilities, I authorize the Board and/or its agents to verify any information by searching appropriate information and record sources when deemed necessary. I authorize all employers to release any information concerning my employment, etc. and hereby release those parties from any liability for any damage whatsoever for issuing this information.

A photocopy of this release shall be as valid as the original.

Print Name: _____

Signature: _____

Date: _____