

**TUSCARAWAS COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
610 COMMERCIAL AVE. SW
NEW PHILADELPHIA, OH 44663
(330) 308-7173**

APPLICATION FOR EMPLOYMENT

Please retain this reference sheet for your records.

TO ALL APPLICANTS - (Please read carefully)

Thank you for your interest in employment with the Tuscarawas County Board of Developmental Disabilities (TuscBDD). TuscBDD provides a broad range of services to children and adults with developmental disabilities who live in Tuscarawas County.

When completing your application, please provide as much detail as possible and answer all questions thoroughly. Type or print clearly. If you need assistance completing the application, please advise the Personnel Department. Be sure your signature and date appear on the last page of the application and return the completed application to the Personnel Department at the above address. All applications will be kept in active status for a period of six (6) months. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

Applicants should note that the employment of individuals who have other contractual arrangements with TuscBDD or who are employed by another agency under contract with TuscBDD must be approved by TuscBDD's Ethics Council.

HIRING PROCESS

When completed applications are received by the Personnel Department, the Equal Employment Opportunity Information Sheet is immediately removed and filed for statistical purposes. When a position opening occurs, the Personnel Department reviews the active completed applications and makes them available to the Supervisors in the facility where the opening exists based upon the applicant's stated area(s) of interest and qualifications.

Because there are generally more applicants than available positions, not all applicants will receive interviews. Interviews are scheduled by the Supervisor of the program in which the opening occurs based upon the applicant's qualifications and ability to perform the essential job functions of the position, with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff, Supervisors or the Superintendent. The Superintendent has sole authority to offer employment; offers of employment by other TuscBDD personnel, either expressed or implied, are nonbinding. All offers of employment are contingent upon successful completion of criminal background checks as required by Section 5126, Ohio Revised Code and checks of the Ohio Department of Developmental Disabilities Abuser Registry, Ohio Nurse's Aide Registry, U.S. Department of Health and Human Services Exclusion List, Ohio Sex Offender and Child-Victim Offender Database, United States General Services Administration System for Award Management Database, Ohio Database of Incarcerated and Supervised Offenders, Ohio Department of

Motor Vehicles Driving Abstract, and a post-offer physical examination. Employees in positions which require a CDL are subject to drug screening at the time of initial employment and on a random basis thereafter. Transportation Assistants are subject to drug screening at the time of initial employment.

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 all of the application information as it relates to the position(s) for which you have applied. Applicants who do not currently hold the required credential for a given position **may** be eligible for a temporary credential if offered the position. Applicants accepting a position with a temporary credential **must** meet the course work, training, or other requirements for the renewal or upgrading of the credential in order to remain eligible for continued employment with TuscBDD.

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK

TuscBDD is mandated by law to conduct criminal background checks on applicants under final consideration for employment. If you are a finalist, you will be required to complete an affidavit and be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation & Identification and, if applicable, the Federal Bureau of Investigation. All offers of employment are contingent upon satisfactory reports. Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness of the offense in relation to the job for which you are applying. The report is not subject to the Ohio Public Records Act. Upon request, you will be given a copy of the report.

APPLICANT'S AGREEMENT

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 fact called for in this application may result in the 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 such lawful examinations, medical or substance abuse, or others as may be required by TuscBDD.

I authorize TuscBDD 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 (unless restricted on page 3 of this application), 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 the 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 grant permission to have this application and its enclosures to be duplicated and distributed to TuscBDD's employees responsible for initial screening, interviewing and recommending applicants for employment and to employees responsible for personnel records and reports.

Date Application Submitted: _____

Your application will expire six (6) months from the date it is received at the TuscBDD office. If you have not been hired by this time and are still interested in employment with TuscBDD, you will need to submit a new application.

TuscBDD IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of race, color, national origin, ancestry, religion, sex, age, pregnancy, military status, genetics, physical or mental disability or any other factors unrelated to the essential duties of the position.

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NAME: _____ **Date:** _____
Last First Middle

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PERSONAL INFORMATION - (Please type or print clearly)

Name _____ Soc. Sec. No. (Optional) _____
Last First Middle

Address _____
No. Street City State Zip

Telephone Number: (Daytime) _____ (Evenings) _____
 (Cell) _____ (Email) _____

Position(s) applied for: (1) _____ Rate of pay expected \$ _____ per _____
 (2) _____ Rate of pay expected \$ _____ per _____

Location preferred, if any: _____ Date available to start work: _____

Are you available for full time work? Yes ___ No ___ Will you work as a substitute? Yes ___ No ___

Are you legally eligible to work in the United States? Yes ___ No ___

How did you learn of this opening? _____

Have you had past employment with TuscBDD? Yes ___ No ___

Do you have relatives working for TuscBDD? Yes ___ No ___

(It is TuscBDD policy not to place an employee under the supervision of a relative)

EDUCATION * Please submit transcripts (Copies accepted for application – Official transcripts required at hire.)

Type	Complete Name and Address	Years Completed (Circle)	Graduated? (Circle)	Degree	Major
High School/GED		1 2 3 4	Yes 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		1 2 3 4	Yes No		

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Certification from the Ohio Department of Education:

Type	Grade	Validation	Expiration Date
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Certification or Registration from the Ohio Department of Developmental Disabilities:

Type	Grade	Validation	Expiration Date
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Please list other certificates, registrations or licenses that you have that are required for the position(s) for which you applied:

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

EMPLOYMENT HISTORY

List most recent employment first. If your job title or duties changed during employment with any one employer, please list as separate employers. Use an additional sheet of paper, if necessary, but include only the information requested below. Applicants for positions requiring a CDL must provide their employment history for the past ten years, including the names and addresses of the previous employers for which the applicant was the operator of a commercial motor vehicle, the dates the applicant was employed by these employers, and the reason for leaving each of these employers. ORC 4506.20(A) **A resume may not be used as a substitute for completing this application form.**

Name of Employer: _____ Telephone: _____
Address: _____
Name and Title of Supervisor: _____
Job Title: _____ Dates of Employment: _____ to _____ Ending salary: _____
Describe Responsibilities: _____
Reason for Leaving: _____

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Job Title: _____ Dates of Employment: _____ to _____ Ending salary: _____
Describe Responsibilities: _____
Reason for Leaving: _____

List the employers we may **NOT** contact for a reference:

MILITARY BACKGROUND - Complete this section if you served in the United States Armed Forces

Branch of Service: _____ Period of Active Duty: _____ to _____

Rank at Discharge: _____ Final Discharge Date: _____

Please describe your duties and any specialized training: _____

MISCELLANEOUS

1. Can you perform the essential functions of the specific job(s) for which you are applying as listed in the Position Description, with or without a reasonable accommodation? Yes _____ No _____

2. Have you ever been discharged or requested to resign from a position? Yes _____ No _____
If yes, explain:

3. Have you ever had a certificate, license, or registration revoked or suspended? Yes _____ No _____
If yes, explain:

4. Have you ever been bonded? Yes _____ No _____ If yes, with what employer? _____

REFERENCES

List three (3) references, excluding former employers and relatives, this agency has permission to contact (phone numbers required).

Name	Occupation	Address	Phone Number

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ADDITIONAL INFORMATION

Please summarize other experiences, skills, or qualifications that you feel would qualify you for the position(s) for which you have applied:

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Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

