

**Perry County Board of Developmental Disabilities**

ADM 121

499 North State Street  
New Lexington, Ohio 43764  
740-342-3542  
Fax 740-342-1081  
www.perrydd.org

**Employment Application**

Name	<i>For HR Manager Use Only</i> Date
Last, First Middle	Received: _____
Date	Distributed to: _____

**TO ALL APPLICANTS - (please read carefully)**

Thank you for your interest in employment with the Perry County Board of Developmental Disabilities (PCBDD). 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**

Some positions require certification. 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 certification**. 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.

**PERSONAL INFORMATION**

Please print clearly

Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Last, First Middle, Maiden Name , if applicable

Address: \_\_\_\_\_  
 No. Street City State Zip Code

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

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

Date available to start work \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_ Have you worked for this PCBDD before? Yes No  
 Yes No

Are you a member of the immediate family of a PCBDD employee, A Perry County Commissioner or a current Board member?  
 If yes, please state the person's name and relationship to the "immediate family" such as parent, brother, sister, spouse,  
 daughter, son, etc. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

What type of job are you looking for?  
 Regular Temporary Full-Time Part-Time

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

**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**

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 from the Ohio Dept. of Developmental Disabilities? Yes No

Type Expiration Date  
 Have you ever had a certificate revoked/suspended Yes No

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 professional 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**      **Read carefully before signing**

I certify that I have read and understand the information on this application and that the answers given to me to the 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, omission or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment

**Signature**

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

**Signature**

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 (unless restricted below), 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.

Employers we may **NOT** contact for a reference:

**Signature**

I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position which involve certification and training.

**Signature**

**BACKGROUND CHECK AND DRUG SCREENING**

Employment shall be contingent upon successful completion of a criminal history background check completed by the Bureau of Criminal Investigation & Identification and if the position requires the person to transport individuals or operate agency vehicles for any other purpose, a driver's abstract and proper license.

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 10 Panel Drug Screening by a laboratory selected by PCBDD.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Perry 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 10 panel drug test prior to being hired.

SIGNATURE OF APPLICANT

Date: