

Geauga Cty Bd of Developmental Disabilities  
 8200 Cedar Road  
 Chesterland, Ohio 44026  
 440-729-9406  
 440/729-0131 facsimile

# EMPLOYMENT APPLICATION

An equal opportunity employer. All applicants will receive consideration without discrimination due to race, religion, color, age, sex, handicap, nation origin or arrest record. Applications will be kept active for one year.

## PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Area Code)

Have you ever been convicted of a felony?  Yes  No Explain Felony \_\_\_\_\_  
 Are you a citizen of the United States or allowed to legally work in the U.S.?  Yes  No \_\_\_\_\_  
 Are you 18 years or older?  Yes  No \_\_\_\_\_  
 Have you ever worked for this agency?  Yes  No If so, when \_\_\_\_\_

## JOB INTERESTS/SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary  Substitute  Summer

Date you could begin working \_\_\_\_\_ Can we contact your present employer? Yes No N/A

Summarize any other special skills or qualifications  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	# OF YEARS	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH				
COLLEGE OR UNIVERSITY				
GRADUATE				
OTHER EDUCATION				

Courses now studying: \_\_\_\_\_

## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone Number)  
 Your Title \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone Number)  
 Your Title \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone Number)  
 Your Title \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

## PROFESSIONAL REFERENCES

Name	Relationship	Company	Daytime Phone

## DIRECT CARE APPLICANTS ONLY

Direct Care positions in the school, workshop, residence and transportation require lifting and/or moving handicapped individuals.  
 Would you be able to do so?  Yes  No  N/A

If you answered "No", would you be able to do so with reasonable accommodation?  Yes  No

If you answered "Yes", please briefly describe the accommodation you would require.

## ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Equal Employment Opportunity (EEO) Information

*This form is used to compile information required by State and Federal record-keeping and reporting regulations and will not be used in any way for employment selection purposes. The information provided is strictly voluntary. Qualified applicants are chosen without regard to race, religion, color, national origin, marital status, sex, age, medical conditions, or handicap. This information will be kept in a confidential file separate from the application. NOTE: This form will be detached and filed separately in the Personnel Office.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position applied for: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: Male Female (circle)

Race: \_\_\_\_\_ White \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Black \_\_\_\_\_ American Indian  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Alaskan Native  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Are you a Vietnam era veteran? Yes No (circle)

Did you know of this position before applying? Yes No (circle)

If so, how did you find out about it?

\_\_\_\_\_ Newspaper \_\_\_\_\_ Position Posting  
\_\_\_\_\_ Word of mouth \_\_\_\_\_ Walk In  
\_\_\_\_\_ Other (specify) \_\_\_\_\_