

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)

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

Felony/Misdemeanor Convictions:
 Pursuant to ORC 5123.081 and 109.572, certain convictions may disqualify an applicant from employment.
 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) _____ Your Title _____ (State) _____ (Zip Code) _____ (Phone Number) _____
 Employed From _____ To _____ Starting Salary _____ Ending Salary _____
 Work Performed _____
 Reason for leaving _____

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

3. Name of Employer _____
 Address _____
 Supervisor and Title _____ (Street) _____ (City) _____ Your Title _____ (State) _____ (Zip Code) _____ (Phone Number) _____
 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. I acknowledge that I must undergo a background check and that certain offenses may disqualify me from employment. 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) _____
