

**WYANDOT COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
AN EQUAL OPPORTUNITY EMPLOYER**

Position sought: _____
Last name: _____ First name: _____ Middle initial: _____
Home address: _____ county: _____
City/state/zip: _____
Home phone: _____ Cell phone: _____
Email: _____ Are you an adult? Yes: ___ No: ___

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current employer: _____

(enter "none" if unemployed)

May we contact your current employer prior to employment? Yes: _____ no: _____

Address: _____

Phone number: _____ Email: _____

Dates employed: _____ to _____ Job title: _____

Supervisor's name: _____ Rate of pay: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

Previous employer: _____

Address: _____

Phone number: _____ Email: _____

Dates employed: _____ to _____ Job title: _____

Supervisor's name: _____ Rate of pay: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

Previous employer: _____

Address: _____

Phone number: _____ Email: _____

Dates employed: _____ to _____ Job title: _____

Supervisor's name: _____ rate of pay: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

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Why did you leave? _____

Previous employer: _____

Address: _____

Phone number: _____ Email: _____

Dates employed: _____ to _____ Job title: _____

Supervisor's name: _____ Rate of pay: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High school attended: _____

Address: _____

Did you graduate? _____ High school equivalent? _____

College or trade school attended: _____

Address: _____

Did you graduate? _____ Degree: _____

Activities, awards, sports, etc.: _____

Graduate school(s) attended: _____

Address: _____

Did you graduate? _____ Degree: _____

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) Which might interfere with, or adversely affect, your employment should we select you for a position? Yes: ____ No: ____ if yes, please explain:

Do you possess a valid driver's license? Yes: ____ No: ____

If no, can you obtain one prior to employment? Yes: ____ No: ____

Are you eligible to work in the United States? Yes: ____ No: ____

Are you a resident of Ohio? Yes: ____ No: ____ if not, are you willing to become a resident upon employment?

Yes: ____ No: ____

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Please list three (3) references who are not related to you that you have known at least one (1) year:

Name: _____ phone: _____

Address: _____ Email: _____

Name: _____ phone: _____

Address: _____ Email: _____

Name: _____ phone: _____

Address: _____ Email: _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing. Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends, and be on call and work mandatory overtime hours. Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer. Initials: _____

6. Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Wyandot 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 initials and 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 drug test prior to being hired. Initials: _____

7. I hereby permit the Wyandot County Board of Developmental Disabilities to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation, I understand that the Wyandot County Board of Developmental Disabilities will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this release, I hereby consent to all prior employers and

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educational institutions to provide necessary information to this employer during the background investigation. I hereby release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references as requested by this employer to complete its background investigation. A photocopy or facsimile of this form that shows my signature is valid as an original. Initials: _____

I solemnly swear that all the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.

Finally, I agree that any claim or lawsuit relating to my service with Wyandot County must be filed no more than six (6) months after the date of the employment action that is the subject to the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature

Date