

APPLICATION FOR EMPLOYMENT

Preble County Board of Developmental Disabilities
200 Eaton Lewisburg Rd., Suite 201
Eaton, Ohio 45320



Mission Statement

Preble County Board of DD supports individuals with developmental disabilities to live, learn, work, and socialize as they choose.

Thank you for your interest in employment with the Preble County Board of Developmental Disabilities Board. The Board provides supports for children and adults with disabilities who live in Preble County. These services are provided throughout the county.

To achieve our mission, the Preble County Board of DD embraces the philosophy of self-determination. Self-determination encourages people with disabilities to exercise individual choice, freedom, authority, control, and responsibility.

By definition, SELF-DETERMINATION IS TANTAMOUNT TO CHOICE. The freedom to choose is a basic human right and the principal foundation upon which this country is built and emulated. Choice is a tremendous responsibility with rewards balanced by risk and consequences.

The Board recruits, selects, trains, and retains people who share this vision. People who are hired must demonstrate skills and abilities such as: respect for others, ability to resolve problems in a positive and productive way, interest in supports, and commitment to excellence. If you have these values, please continue to complete this application.

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered. Be sure your signature and the date appear on the last page of the application.

HIRING PROCESS

When completed applications are received by the Executive Secretary, they are reviewed and made available to all departments 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 by the departments based upon the applicant's qualifications (e.g. education, related experience, etc.), date of application, position openings at that time, etc.

Because there are occasions when the same openings exist in two or more departments at the same time, it is possible that applicants may be contacted for more than one interview.

Following the initial interview with the Supervisor in the department, applicants may be recommended for an additional interview with the Director. Though such interviews are scheduled promptly, the total process above may take several weeks.

All applications will be kept on file for twelve (12) months. If you are not hired, yet continue to have an interest in employment after twelve (12) months, you should submit another application.

The Preble County Board of Developmental Disabilities is an Equal Opportunity Employer and Service Provider

PERSONAL INFORMATION

Please type or print clearly

Name _____ Date: _____
(Previous last name(s)) Last First Middle Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Telephone No. () _____ Alternate Phone No. _____

Position applied for: _____

Are you interested in ___ Part-Time ___ Full-Time ___ Substitute ___ Date Available to Start Work _____

How did you learn of this opening? _____

Have you worked for this agency before? ___ Yes ___ No If yes, dates: _____

EMPLOYMENT HISTORY

List all positions held, listing the most recent first. Attach as many separate sheets as needed to include the same details on all additional positions.

Name of Employer _____		Telephone No. () _____	
Address _____			
<small>No.</small>	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>
Name & Title of Supervisor _____		Phone _____	
Job Title _____	Dates of Employment _____ to _____	Salary Beginning _____	Ending _____
	Mo. Yr.	Mo. Yr.	
Describe Responsibilities _____			
Reason for Leaving _____			

Name of Employer _____		Telephone No. () _____	
Address _____			
<small>No.</small>	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>
Name & Title of Supervisor _____		Phone _____	
Job Title _____	Dates of Employment _____ to _____	Salary Beginning _____	Ending _____
	Mo. Yr.	Mo. Yr.	
Describe Responsibilities _____			
Reason for Leaving _____			

Name of Employer _____		Telephone No. () _____	
Address _____			
<small>No.</small>	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>
Name & Title of Supervisor _____		Phone _____	
Job Title _____	Dates of Employment _____ to _____	Salary Beginning _____	Ending _____
	Mo. Yr.	Mo. Yr.	
Describe Responsibilities _____			
Reason for Leaving _____			

REFERENCES

Please list three (3) additional references who this agency has permission to contact.

No.	Name	Occupation	No.	Street	City	State	Zip Code	Telephone No.
1.								() Area Code
2.								() Area Code
3.								() Area Code

EDUCATION

Name	Complete Name and Address	Yrs. Completed	Graduated	Degree	Major
High School If you did not complete high school, do you have a GED?		1 2 3 4	Yes No 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		

A copy of the high school Diploma/GED, or original transcript will be requested for those positions requiring such.

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 the information below as it relates to the position for which you have applied.

Do You Have:

A valid Driver's License _____ If yes, Driver's License Number _____ State Issuing License _____

Certification from the Ohio Department of Education? Yes No

_____ Type/Grade _____ Expiration Date _____

Certification/Registration from the Ohio Department of Developmental Disabilities? Yes No

_____ Type/Grade _____ Expiration Date _____

Have you ever held an Ohio Department of Developmental Disabilities registration or certification that has lapsed?
 Yes No

If yes, what was the grade (circle one): temporary provisional professional
 and what was the status (circle one): initial renewal

What was the expiration date of the lapsed or suspended credential? _____

Other certificates, licenses or registrations that qualify you for the position for which you have applied? Yes
 No If yes, please list the information in the following space.

Type of Certificate / License / Registration	Authorized Board or Agency	Expiration Date

If necessary, I will take courses required for certification/registration by the Ohio Department of Education and/or the Ohio Department of Developmental Disabilities. I understand that these may be college courses and that I will be responsible for payment. Yes No

ADDITIONAL INFORMATION

Please summarize other experiences, skills, and/or qualifications, which you feel would qualify you for the position for which you have applied. Please include computer programs in which you are skilled.

APPLICANT'S AGREEMENT

The answers to the foregoing questions are true and correct to the best of my knowledge. I hereby grant permission to all schools, colleges, universities, and all my employers to release any information requested by the Preble County Board of Developmental Disabilities. Further I authorize any medical providers who have in the past or may in the future treat me to release information requested by the Preble County Board of Developmental Disabilities. I further agree to release all parties from any liability that could arise from such release of information. I also understand that as part of normal employment procedures, a routine inquiry may be made concerning information as to my character, general reputation, personal characteristics, and qualifications for the position. I have read the instructions on the front page and all other information on this application form. If I am employed by the Board, I understand it is my responsibility to read and fully abide by all personnel and other policies of the Board and all updates to those policies. I understand that failure to do so may result in termination of my employment or other disciplinary action.

I grant my permission to have this application and any enclosures duplicated and distributed for recruitment purposes. Yes No

Signature _____ Date _____

WE PROMOTE A SMOKE FREE AND DRUG FREE WORKPLACE. A BUREAU OF CRIMINAL IDENTIFICATION CHECK, INCLUDING LOCAL SHERIFF, BCI AND FBI, OHIO DEPT. OF DD ABUSER REGISTRY, OHIO NURSE AIDE REGISTRY, NURSING LICENSE VERIFICATION, DRIVER'S ABSTRACT, AND DRUG TEST WILL BE REQUIRED ON ALL FINAL APPLICANTS.

◆◆◆ DO NOT WRITE BELOW THIS LINE ◆◆◆

NOTARY

I solemnly swear or reaffirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Preble County Board of DD and/or the Ohio Department of Administrative Services.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____

20 _____ at _____, County of _____ and State of _____

Signature of Officer _____

Official Title _____

**Preble County Board of Development Disabilities
An Equal Opportunity Employer and Service Provider**