



Logan County Board of Developmental Disabilities

1851 St. Rt. 47 West
Bellefontaine, OH 43311
(937)592-0015

NAME: _____ DATE: _____

TO ALL APPLICANTS (Please read carefully)

Thank you for your interest in employment with Logan County Board of DD. The Board provides a broad range of services to individuals with developmental disabilities who live in the county.

When completing your application, provide adequate detail and answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application and return the completed application to the HR Department. All applications will be kept in active status for a period of 60 days. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

HIRING PROCESS

When completed applications are received by the HR Department, they are reviewed and made available to hiring supervisors. Interviews are scheduled based upon the applicants qualifications and ability to perform the essential job functions of the position, with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff and supervisors.

All offers of employment are contingent upon successful completion of a job-related medical examination and drug screen, a satisfactory criminal history and work record background check, and if the position requires the person to transport clients or operate agency vehicles for any other purpose, a driving abstract.

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY, ABUSER REGISTRY AND STATE NURSE AIDE REGISTRY BACKGROUND CHECK

The Board is mandated by law to conduct criminal background checks on applicants under final consideration for employment. Such applicants will be required to be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation & Identification and/or Federal Bureau of Investigation. All offers of hire are contingent upon satisfactory reports. This report is not subject to the Ohio Public Records Act. Some criminal offenses will disqualify you from employment. We follow disqualifying offenses as defined in Admin. Rule 5123:2-2-02 and they prevent employment by any County Board of DD (See details on back page- Applicant Agreement). At your request, a copy of the report from BCII/FBI will be provided to you. In addition, a check of the Ohio Department of DD Abuser Registry Listing, the State Nurse Aide Registry, Fraud, Sex Offender & Child victim offender, Incarcerated & Supervised Offenders, and US General Service Administration system for award Management will be conducted for all final applicants.

CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license and/or registration for review and copying. Applicants who have completed college or coursework related to the position applied for are requested to submit copies of transcripts with the application. All applicants being considered for positions shall provide a copy of high school diploma, certificate, GED or letter from an education authority showing completion of high school education or equivalent prior to being interviewed.

LOGAN COUNTY BOARD OF DD IS AN EQUAL OPPORTUNITY EMPLOYER

The Logan County Board of DD does not discriminate in the provision of services or in its employment endeavors because of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position.

Name: _____ Social Security #: _____

Last **First** **Middle**

Address: _____

Street **City** **State** **Zip Code**

Phone Number: _____

Position Applied For: _____ Expected rate of pay: _____

Date Available to Start: _____ Are you available to work Full-time ___ Part-time ___

Referred By: _____ Have you ever worked for this agency before? Yes ___ No ___

Do you have friends or relatives working for this agency? Yes ___ No ___ Name: _____
It is Board policy not to place an employee under supervision of a friend or relative.

EDUCATION:

High School/GED: _____ Years Completed ___ Graduated: Yes ___ No ___

College: _____ Years Completed ___ Graduated: Yes ___ No ___

Major _____ **Degree** _____

Post Graduate: _____ Years Completed ___ Graduated: Yes ___ No ___

Major _____ **Degree** _____

Business/Trade School: _____ Years Completed ___ Graduated: Yes ___ No ___

Other Training or Certification: _____

*Copies of High School Diploma, GED, certificate of completion, College diploma, Transcripts or an official letter from an Educational Authority will be required upon interview

CERTIFICATION/LICENSURE/REGISTRATION

For many positions, state certifications, 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.

Certification or Registration from the Ohio Department of DD

Type _____ Grade _____ Expiration Date _____

Certification or Registration from the Ohio Department of Education

Type _____ Grade _____ Expiration Date _____

List any additional certificates, registration or licenses:

EMPLOYMENT HISTORY:

List most recent first. If your job title or duties changed during employment with any one employer, please list as a separate employer. Be sure to include a your ending salary at your most recent job. **A resume may not be used as a substitute for completing this page of the application.**

Name of Employer: _____ Phone# _____

Address: _____ City _____ State _____ Zip _____

Name & Title of Supervisor: _____ Cell Phone # _____

Job Title: _____ Dates Employed _____ to _____ Ending Salary _____

Responsibilities:

Reason for Leaving: _____

Name of Employer: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Name & Title of Supervisor: _____

Job Title _____ Dates Employed _____ to _____ Ending Salary _____

Responsibilities:

Reason for Leaving: _____

Name of Employer: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Name & Title of Supervisor: _____

Job Title: _____ Dates Employed _____ to _____ Ending Salary _____

Responsibilities:

Reason for Leaving: _____

Continue employment history on blank page and attach if needed

List any Employers we may not contact: _____

Have you ever been discharged or requested to resign from a position? Yes _____ No _____

If yes, explain:

Have you ever had a certificate, license or registration revoked or suspended? Yes _____ No _____

If yes, explain:

REFERENCES:

Please list four references, other than relatives, who we may contact for a professional recommendation.

Name: _____ Email _____ Phone _____

Name: _____ Email _____ Phone _____

Name: _____ Email _____ Phone _____

Name: _____ Email _____ Phone _____

APPLICANT'S AGREEMENT & IMMIGRATION REFORM & CONTROL ACT OF 1986

IMMIGRATION REFORM AND CONTROL ACT OF 1986. I understand that if hired, I will be required to offer examination documents proving I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

APPLICANT AGREEMENT. I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examination, medical or substance abuse or others as may be required by the Board.

I authorize the Board and/or its agents to verify any of this information. I authorize all employers (unless restricted on page 3 of this application), 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.

I confirm that I meet all requirements of the job for which I am applying. I am able to perform all essential duties, as I understand them. I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position, which involve certification, registrations, licensure and/or training. I further understand that I may be required to enroll in college or courses and/or other training at my expense to maintain required certification/ registration.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Logan 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 signature below verifies only that you understand our requirement to conduct background checks following job offers. I hereby agree that I will notify the Superintendent within fourteen (14) calendar days if, while employed by the Logan County Board, I am ever formally charged with, convicted of, or plead guilty to any of the offenses listed or described in the ORC 5126.28. I acknowledge that my failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment.

I grant permission to have this application and enclosures duplicated and to be distributed to Board's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports. Your signature also verifies that you further understand that all prospective employees must pass a drug screen and physical prior to being hired.

SIGNATURE: _____ **DATE:** _____ **SUBMIT FORM->**

My signature above verifies that I have read and agree to comply with the Applicant Agreement & Immigration Reform and Control Act of 1986