

**PERSONAL INFORMATION** (please type or print clearly)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
No. Street City State Zip Code

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Position(s) applied for in order of preference  
 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
 2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_ Have you worked for this agency before? \_\_\_\_\_

List friends or relatives working for this agency \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY** (List most recent first) Use additional sheets if necessary or attach a resume

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Mo./Year Mo./Year  
 Describe Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Mo./Year Mo./Year  
 Describe Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Mo./Year Mo./Year  
 Describe Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

List the employers we may NOT contact for a reference \_\_\_\_\_

**EDUCATION**

Type	Complete Name and Address	Years Completed (circle)	Graduated (circle)	Degree	Major
High School		1 2 3 4	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					

\* Please submit transcripts (copies accepted for application – official transcripts required at hire)

**REFERENCES**

List three (3) references, preferably current or former employers, whom this agency has permission to contact.

Name	Occupation	Address, City, State, Zip	Telephone No.
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

Please summarize other experiences, skills, or qualifications that you feel would qualify you for the position(s) for which you have applied.

**APPLICANT’S AGREEMENT**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I also understand that as part of normal employment procedures, this application may be duplicated and a routine inquiry may be made concerning information as to my character, general reputation and personal characteristics.

Pursuant to Ohio Administrative Code section 5123:2-2-02, the Darke County Board of Developmental Disabilities is required to conduct background investigations for the purposes of employment. Please note that per OAC 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 (BCII). Your 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.

Signature of Applicant: \_\_\_\_\_

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

**AN EQUAL OPPORTUNITY EMPLOYER**