

PERSONAL INFORMATION (please type or print clearly)

Name _____ Date _____
Last First MI

Address _____
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 below:

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

Name of Employer _____	Phone No. _____
Address _____	Name & Title of Supervisor _____
Job Title _____	Dates of Employment _____ to _____ Ending Salary _____
Describe Responsibilities _____	
Reason for Leaving _____	

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Address _____	Name & Title of Supervisor _____
Job Title _____	Dates of Employment _____ to _____ Ending Salary _____
Describe Responsibilities _____	
Reason for Leaving _____	

List the employers we may NOT contact for a reference _____

EDUCATION

Type	Complete Name and Address	Years Completed	Graduated	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