



# Mahoning County

## Board of Developmental Disabilities

4791 Woodridge Drive, Austintown, OH 44515  
Phone: (330) 797-2825 Fax: (330) 797-2843

### APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referral Source:     Advertisement     Employee     Relative     Walk-in

Position(s) applying for: \_\_\_\_\_

Have you ever been employed with us before?     Yes     No

If yes, what position(s)? \_\_\_\_\_ Date: \_\_\_\_\_

Are you legally eligible for employment in this country?     Yes     No

When are you available to start? \_\_\_\_\_ Desired Salary: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

Are you 18 years old, or older?     Yes     No

List relatives working for the Mahoning County Board of DD: \_\_\_\_\_

Are or have you been a member of a State Retirement System of Ohio?     Yes     No

Do you have a current, valid Driver's license in your state of residence?     Yes     No

Do you have a Commercial Driver's License?     Yes     No

**An Equal Opportunity Employer**

## EDUCATION

Type	Complete Name and Address	Years Completed (Check One)	Graduated (Check One)	Degree/Major
High School*		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College**		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate**		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade or Other**		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Diploma or GED Certificate required upon hire.

\*\*Please submit transcripts (copies accepted for application purposes).

**Computer Skills:**     Excel                       Word                       Other (list) \_\_\_\_\_

**Office Skills:**         Typing (wpm) \_\_\_\_\_     Multi-line phone system

Other (list) \_\_\_\_\_

Please list any other pertinent skills and/or additional training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION/REGISTRATION/LICENSURE

	Type	Authorizing Agency, Department or Board	Expiration Date
1.			
2.			
3.			

## MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Services?     Yes     No

If yes, what branch? \_\_\_\_\_

If yes, what type of discharge did you receive? \_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent first. Use additional sheet if necessary. A resume may not be used as a substitute for completing this application.

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ May we contact?  Yes  No  
Describe Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ May we contact?  Yes  No  
Describe Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ May we contact?  Yes  No  
Describe Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## REFERENCES

(Please list three individuals whom we may contact for a professional recommendation, excluding relatives.)

	FULL NAME	HOME/BUSINESS ADDRESS	TELEPHONE NO.
1.	_____	_____ _____ _____	_____
2.	_____	_____ _____ _____	_____
3.	_____	_____ _____ _____	_____

## **NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK**

The Board is mandated by law to conduct criminal background checks on applicants under final consideration for employment. If you are a finalist, you will be required to complete an affidavit and be fingerprinted. The Board, Bureau of Criminal Investigation & Identification and/or, at the Board's discretion, other state or federal agencies will complete the background check. **All offers of hire are contingent upon satisfactory reports.** Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness of the offense in relation to the position(s) for which you are applying. This report is not subject to the Ohio Public Records Act. You will be given a copy of the report upon request.

### **APPLICANT'S AGREEMENT AND RELEASE**

I certify that I have read and understand the instructions on the front page and all other information on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical or substance abuse or others as may be required by the Board.

I authorize the Board and/or its agents, including consumer-reporting agencies to verify any of this information by searching appropriate information and record sources. I authorize all employers, 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 further release the Board of any and all claims of action arising out of the Board's efforts to verify the information I have provided in this application and/or its determination of my qualifications and abilities.

I confirm that I meet all the requirements as stated on the job posting(s)/advertisement(s) for the position(s) for which I am applying.

I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and training. I further understand that I may be required to enroll in college courses and/or other training at my expense.

I grant permission to have this application and enclosures duplicated and to be distributed to the Board's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Mahoning County Board of Developmental Disabilities is an Equal Employment Opportunity Employer. It does not discriminate on the basis of age, race, color, religion, sex, disabilities, or national origin.**