

**Highland County Board of Developmental Disabilities**  
**8919 US Route 50 Hillsboro, Ohio 45133**

**Employment Application**

<b>APPLICANT INFORMATION</b>				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
Date Available		Desired Salary		
Position Applying for				
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				

<b>EDUCATION</b>				
High School		Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>REFERENCES</b>	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**CERTIFICATION/LICENSE/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(s) for which you have applied.

Certification from the Ohio Department of Education

TYPE \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certification or Registration from the Ohio Department of DD

TYPE \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

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**CERTIFICATION/LICENSURE/REGISTRATION**

**Please list other certificates, registrations or licenses you have that are required for the position(s) for which you have applied**

**TYPE OF CERTIFICATE**

**AUTHORIZING BOARD**

**EXPIRATION DATE**

1.

2.

3.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

**An Equal Opportunity Employer**

### **APPLICANT'S AGREEMENT**

I authorize the Board and/or its agents, including consumer reporting bureaus 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 confirm that I meet all the requirements as stated on the job posting(s) for the position(s) for which I am applying. I am able to perform all the essential duties for the position(s) as listed in the Position Description(s).

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.

I also certify that all statements contained herein or at any step of the employment process including any interview are true, complete and correct to the best of my knowledge. **I UNDERSTAND A FALSE ANSWER OR MATERIAL OMISSIONS MAY BE GROUNDS FOR DISMISSAL FROM EMPLOYMENT WITH THE BOARD.**

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

**Highland County Board of DD  
An Equal Opportunity Employer**