



PH: 419-599-2892

APPLICATION FOR EMPLOYMENT

The Henry County Board of Developmental Disabilities is an Equal Employment Opportunity Employer. It does not discriminate on the basis of sex, race, color, age, sexual orientation, national origin, religion, ancestry, disability, or veteran status.

Date of Application _____

Position(s) Applied For: _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____

Type of employment desired: Full Time _____ Part Time _____ Intermittent _____

Are you over 18 years old? Yes _____ No _____

Have you worked for the Henry County Board of DD? Yes _____ No _____ If yes, give date _____

Do you have relatives employed by the HCBDD? Yes _____ No _____ If Yes, who? _____

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

Have you lived continuously in Ohio for the past five (5) years? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____ State _____
License Number _____ Expiration _____

Felony/Misdemeanor Convictions—Pursuant to ORC 5123.081 and 109.572, certain convictions may disqualify an applicant from employment.

I acknowledge that I must undergo a background check and that certain offenses may disqualify me from employment.

Applicant's Signature

Date

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

EMPLOYMENT HISTORY

List most recent first. Use additional sheet if necessary. If your job title or duties changed during employment with any one employer, please list as separate employers. A resume may not be used as a substitute for completing this application.

Employer: _____ Telephone No.: _____

Address: _____

Name & Title of Supervisor: _____

Job Title: _____ Date of Employment: _____ to _____

Ending Salary: \$ _____ May we contact? Yes _____ No _____

Describe Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone No.: _____

Address: _____

Name & Title of Supervisor: _____

Job Title: _____ Date of Employment: _____ to _____

Ending Salary: \$ _____ May we contact? Yes _____ No _____

Describe Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone No.: _____

Address: _____

Name & Title of Supervisor: _____

Job Title: _____ Date of Employment: _____ to _____

Ending Salary: \$ _____ May we contact? Yes _____ No _____

Describe Responsibilities: _____

Reason for leaving: _____

REFERENCES

Please list 3 individuals whom we may contact for a professional recommendation, excluding relatives.
Please make sure you include address and phone number.

	<u>FULL NAME & ADDRESS</u>	<u>RELATIONSHIP</u>	<u>TELEPHONE</u>
1.	_____ _____ _____	_____	_____
2.	_____ _____ _____	_____	_____
3.	_____ _____ _____	_____	_____

EDUCATION

Type	Complete Name and Address	Years Completed (circle)	Graduated (circle)	Degree/Major
High School/GED		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Post Graduate		1 2 3 4	Yes No	
Business/Trade or Other		1 2 3 4	Yes No	

Transcripts will be requested upon hire for all positions requiring a degree.

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Henry County Board of Developmental Disabilities.

Signature of Applicant

Date

****Applicants- please put the name of your reference below and sign; this is giving us permission to call your references.****

Henry County Board of Developmental Disabilities
135 East Maumee Avenue
Napoleon, Ohio 43545
PH: 419-599-2892

PERSONAL/PROFESSIONAL REFERENCE REQUEST

_____ has applied to us for employment.

We would appreciate you giving us a frank and objective evaluation of this applicant. Please use the enclosed self-addressed envelope to return the form to us. Please be assured that all information will be handled in the strictest confidence, and that your cooperation and assistance is appreciated.

Please check the appropriate column to indicate your confidential rating of this applicant:

Ratings	Excellent	Average	Below Average	Unsatisfactory	Unable to give opinion
Cooperation					
Decision Making Skills					
Ability to follow directions					
Punctuality/ Dependability					
Communication Skills					
Responsibility					

Would you recommend this person for a job? Yes No

Additional Remarks:

_____ Signature _____ Date

I hereby give my permission to _____ to furnish the above information. Name

Applicant Signature _____ Date _____

****Applicants- please put the name of your reference below and sign; this is giving us permission to call your references.**

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Communication Skills					
Responsibility					

Would you recommend this person for a job? Yes No

Additional Remarks:

_____ Signature _____ Date

I hereby give my permission to _____ to furnish the above information. Name

Applicant Signature _____ Date _____

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 135 East Maumee Avenue
 Napoleon, Ohio 43545
 PH: 419-599-2892

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Responsibility					

Would you recommend this person for a job? Yes No

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_____ Signature _____ Date

I hereby give my permission to _____ to furnish the above information. Name

Applicant Signature _____ Date _____



Henry County Board of Developmental Disabilities

Seeing Potential ~ Inspiring Opportunities

135 East Maumee Avenue, Napoleon, OH 43545

TO: Henry County Sheriff's Office
FROM: Heather Obermyer, Henry County Board of DD
RE: LOCAL BACKGROUND CHECK

The individual named below has been considered for employment by the Henry County Board of Developmental Disabilities. The policy of this Board is to finalize the employment agreement upon receipt of an acceptable record or arrest and conviction provided by the Henry County Sheriff's Office, BCI&I and in some cases, FBI. Please run a local background check on the following person:

NAME _____
DATE OF BIRTH _____
SOCIAL SECURITY # _____

I hereby authorize the Henry County Sheriff's Office to provide a local background check on my behalf and, if applicable, provide specific information regarding any arrests or convictions in Henry County.

Signed _____

Date _____

Please forward this information to me at the 135 East Maumee Avenue address. Thanks for assisting us with these local background checks. It is very much appreciated.