

Veteran of the U.S. Military service? Yes No

 If Yes, Branch _____

Number of Months of Service _____ Discharge Date _____

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):

Give **COMPLETE name, address** and **telephone number** of **three** references who are **not** related to you.

Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

In your own handwriting, please describe the characteristics of an outstanding employee.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer:		Work Performed
Employer Phone:	Dates Employed From _____ To _____	
Employer Address:		
Job Title:	Hourly Rate/Salary	
Supervisor:	_____ Starting Final	
Reason for Leaving:		
Employer:		Work Performed
Employer Phone:	Dates Employed From _____ To _____	
Employer Address:		
Job Title:	Hourly Rate/Salary	
Supervisor:	_____ Starting Final	
Reason for Leaving:		
Employer:		Work Performed
Employer Phone:	Dates Employed From _____ To _____	
Employer Address:		
Job Title:	Hourly Rate/Salary	
Supervisor:	_____ Starting Final	
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name:				
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:				
Describe Course of Study:				
Do you hold or are you able to obtain a valid teaching certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Valid in what state? _____ Number(s) _____ Grade levels or subjects listed on Certificate(s) _____				
Honors Received:				
State any additional information you feel may be helpful to us in considering your application.				

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 Company.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Columbiana County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed by 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. For more information, please review OAC 5123:2-2-02. Your signature below verifies 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

Return Application To:

**Columbiana County Board of Developmental Disabilities
7675 State Route 45
Lisbon, Ohio 44432**

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone _____
(Last) (First) (Middle) (Area Code)

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

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____

Department _____

By: _____

Name & Title

Date

Notes: