



**ASHTABULA COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**
2505 South Ridge Road East
Ashtabula, Ohio 44004
440-224-2155
www.ashtabuladd.org

Office Use Only

Date Received _____
Letter Sent _____
Ref. Req. Sent _____
Ref. Received _____
Interview Date _____
Application Log _____
C: _____

General Application

Applicants may be tested for illegal drugs.

Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Street and Number City State Zip Code

Mailing Address: _____

How long? _____ If same please leave blank
Email Address: _____

Phone: _____ Communication preference mail email

Alternate Phone: _____

Previous Addresses:

Street and Number City County State Zip Code How long?

Street and Number City County State Zip Code How long?

Social Security Number _____

Position(s) Applied For:

Service Support Administrator Early Intervention Specialist Custodial/Maintenance Clerical

If applying for a Posted Position please list which position. _____

Are you willing to substitute? Yes No

Salary expected: _____ Date available for employment _____

Have you been employed under Civil Services? Yes No If so, what classification _____

EDUCATION: High School, college and other educational experiences

School or College Location (Mailing address) Diploma/Degree Date

Other Registrations/certifications/Licenses Held:

Type and Issuing Agency/State	Number	Effective Dates

EMPLOYMENT HISTORY (Begin with present or last position).

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____ Beginning _____ Ending

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____ Beginning _____ Ending

Reason for leaving: _____

EMPLOYMENT HISTORY CONTINUED

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____ Beginning _____ Ending

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____ Beginning _____ Ending

Reason for leaving: _____

May we contact your present employer? yes no

REFERENCES: Include at least two individuals who have knowledge of your work performance. If applying for a School Bus Driver position please provide (3) individuals (preferably supervisors).

Name/Title

Address & Phone No.

Occupation

Please indicate any hobbies or skills which you may believe could be helpful in the position applied for.

Please give a description of yourself stressing the qualities you believe characterize your performance in a work situation:

Please indicate your experience in working in the field of developmental disabilities, education, or with children and adults in a directive capacity:

What are your reasons for wanting to work for the Ashtabula County Board of Developmental Disabilities?

The time and interest you have given in making application to the Ashtabula County Board of Developmental Disabilities is sincerely appreciated. We shall try to reciprocate by giving your application prompt consideration.

Upon receipt of your application your references and/or credentials will be requested from the sources you have indicated. Applicants shall be screened on the basis of their application and references. Personal interviews shall then be scheduled with selected applicants.

*Applications will not be accepted if this affirmation is omitted.

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant _____

Date _____

*Please submit a copy of your Driver's License with this Application.

EQUAL OPPORTUNITY EMPLOYER

This application will be kept on file for a period of 1 (one) year.

APPLICANT DATA RECORD

This form will be kept completely separate from any application and is not a part of the application you submit. It is for purposes of required Equal Opportunity reports only.

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 or disability.

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 and unidentifiable as a part of your Application for Employment.

PLEASE PRINT

Date_____

Position(s) Applied For_____

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

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 about a handicap 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 Individual

**CRIMINAL RECORD AFFIDAVIT/
CONSENT TO CONTACT REFERENCES**

I verify that I have not been convicted of, nor did I plead guilty to, a violation of any of the following:

1. Any felony contained in the Revised Code, if the felony bears a direct and substantial relationship to the position filled;
2. Any crime contained in the Revised Code constituting a misdemeanor of the First Degree on the first offense and a felony on subsequent offenses, if the crime bears a direct and substantial relationship to the position being filled; and
3. An existing or former law of this state, any other state, or the United States, if the law is substantially equivalent to any of the offenses described in paragraphs (1) or (2) of this statement.

I authorize the Ashtabula County Board of DD to verify the accuracy of this statement. I understand that a criminal investigation report may be requested for my application to be processed. A photocopy of this form is as valid as the original.

I also authorize the Ashtabula County Board of DD to contact my current and/or former employer(s) and/or references. I understand that information obtained is considered to be confidential.

Applicant Signature

Date

Home Address

City, State, Zip

ACBDD Employee Witness Signature

Date

ASHTABULA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Thank you for your interest in employment with the Board. As part of the application process, please provide a written response to the following topic and return this assignment to the Board Office upon completion.

My Best Work Accomplishment

Name: _____

Date: _____