



**ASHTABULA COUNTY BOARD OF  
DEVELOPMENTAL DISABILITIES**  
2505 South Ridge Road East  
Ashtabula, Ohio 44004  
440-224-2155  
[www.ashtabuladd.org](http://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:** \_\_\_\_\_

**LEGAL NAME:**

Last	First	Middle
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**ADDRESS:**

Number and Street	City	State	Zip Code
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Mailing Address: \_\_\_\_\_  
If same please leave blank

How long have you lived at this address? \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Communication preference:  mail OR  email

Previous Addresses:

Number and Street	City	County	State	Zip Code	How long?
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Number and Street	City	County	State	Zip Code	How long?
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Position(s) Applied For:

- Service Support Administrator                       Custodial/Maintenance                       Clerical
- Early Intervention Developmental Specialist/Service Coordinator

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**

<u>School</u>	<u>Location (Mailing address)</u>	<u>Diploma/Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER REGISTRATIONS/CERTIFICATIONS/LICENSES HELD:**

<u>Type and Issuing Agency/State</u>
_____
_____
_____

**EMPLOYMENT HISTORY: (Begin with present or last position)**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending

Reason for leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

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: \_\_\_\_\_

**REFERENCES: (Include at least *THREE* individuals who have knowledge of your work performance)**

Name/Title

Address & Phone No.

Occupation

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

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

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

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

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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 \_\_\_\_\_

**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.

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**PLEASE PRINT**

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

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

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## **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.**

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**Applicant Signature**

**Date**

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**Home Address**

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**City, State, Zip**

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**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: \_\_\_\_\_

A NOTE CONCERNING APPLICATION FOR  
EMPLOYMENT WITH THE ASHTABULA COUNTY  
BOARD OF DEVELOPMENTAL DISABILITIES

APPLICANT:

PLEASE KEEP THE FOLLOWING INFORMATION.



# OHIO CIVIL RIGHTS COMMISSION

## Pre-Employment Inquiries and Questions

It is illegal for employers, labor unions and employment agencies to discriminate against persons because of race, color, religion, sex, national origin, disability, age, military status or ancestry. Under Ohio law, these entities are prohibited from eliciting, keeping records of, or using any form of application seeking to elicit information about an applicant's protected class(es), prior to employment, unless the employer is required to obtain such information pursuant to a state, federal or local law or regulation or court order.

This brochure is not a complete definition of what can and cannot be asked of applicants. It attempts to provide examples of lawful and questionable inquiries. The law is not intended to prohibit employers from obtaining the information about applicants that is clearly job related and which cannot be used for discriminatory purposes.

The law does not restrict employers from defining qualifications necessary for satisfactory job performance, but it does require that standards of qualifications for hiring be applied alike to all persons regardless of race, color, religion, sex, national origin, ancestry, disability, age or military status.

### COMPLAINT PROCESS

Any person who feels he or she is a victim of discrimination because of race, color, religion, sex, national origin, ancestry, disability, age or military status may file a formal complaint with the Ohio Civil Rights Commission (OCRC). A person may also file on the basis of retaliation if he or she believes that another person has retaliated against him or her for opposing unlawful discrimination, for exercising the right to file a charge or for otherwise participating in an investigation or proceeding concerning unlawful discriminatory practices. Charges must be filed within six months from the date of harm (or one year for cases alleging housing discrimination).

Parties to an OCRC charge will generally be offered an opportunity to participate in mediation. If the mediation process is unsuccessful, or if a party does not wish to participate in mediation, the case will be referred to an investigator. Through a series of actions, including witness interviews, document requests and site visits, the Commission will determine whether discrimination has occurred.

All services are **free** of charge and complaints can be filed in person at your local OCRC office, by telephone or by visiting [www.crc.ohio.gov](http://www.crc.ohio.gov).

### REGIONAL OFFICES

Akron Regional Office  
Ocasek Government Building  
161 S. High St., Suite 205  
Akron, OH 44308  
330-643-3100  
330-643-3120 (Fax)

Cleveland Regional Office  
Lausche State Office Building  
615 W. Superior Avenue, Suite 885  
Cleveland, OH 44113  
216-787-3150  
216-787-4121 (Fax)

Columbus Regional Office  
Rhodes State Office Tower  
30 E. Broad St., 4th Floor  
Columbus, OH 43215  
614-466-5928  
614-466-6250 (Fax)

Dayton Regional Office  
3055 Kettering Blvd., Suite 111  
Dayton, Ohio 45439  
937-285-6500  
937-285-6606 (Fax)

Toledo Regional Office  
One Government Center  
640 Jackson St., Suite 936  
Toledo, OH 43604  
419-245-2900  
419-245-2668 (Fax)

Cincinnati Satellite Office  
Mid-Pointe Towers  
7162 Reading Rd., Suite 1005  
Cincinnati, OH 45237  
513-351-2541  
513-351-2616 (Fax)

G. Michael Payton, Executive Director

30 East Broad Street, 5th Floor, Columbus, OH 43215 | 614-466-2785 | 1-888-278-7101 | 614-752-2391 (TTY)

### Questions Pertaining to Sex (Including Pregnancy & Marital Status)

#### Lawful

- What is your legal name?
- Have you ever used an alias?
- Minimum length of service to receive maternity leave is lawful *only if all persons similar in ability or inability to work need- ing leave are treated the same.*

#### Illegal under Ohio Law

- What is your maiden name?
- Do you plan to marry?
- Do you plan to have children?
- Are you pregnant?
- Who will watch the kids if you are hired?
- What is your height/weight?

#### Questionable

##### *(Consider whether to ask)*

- Do you prefer Miss, Ms. or Mrs.?
- Can you travel overnight? *(Ask all and only if an essential job function)*
- Questions/statements regarding transgender or sex stereotyping.

### Questions Pertaining to Age (Protected Category is 40 and Older)

- Inquiries to establish minimum or maximum age requirements required by law, regulation or BFOQ, such as:
- Are you eighteen years of age?
- Employers may ask about birth date *post-offer* for background checks.

- How old are you?
- When do you plan to retire?
- What year did you graduate high school?
- Questions about or actions requiring *pre-offer* birth certificate, passport, driver's license, or other documents with DOB.

- Inquiries tending to reveal one's age, such as when did you attend college?
- Do you have problems working long hours? *(Can suggest age or disability)*
- Questions going beyond service time. *(What age did you start at the State?)*

### Questions Pertaining to Disability

- Are you able to safely and substantially perform essential job functions, like lifting 30 pounds? *(If essential)*
- Are you currently taking illegal drugs?
- Do you have reliable transportation?
- Pre-employment inquiries are acceptable *only if designed to determine whether applicant can perform essential job functions without significantly increasing occupational hazards to self or others.*

- How is your health?
- Do you have any past workers compensation, disability or FMLA claims?
- Are you currently taking any medications? *(Unless post-offer and for a drug screen)*
- Do you have any impairments that would prevent you from doing the job?
- Are you able to drive to work? *(If not an essential job function)*
- Pre-offer physical exams/agility tests. *(Only legal if job-specific and offer is contingent)*

- Are your parents still alive? *(May lead to discussions about health history)*
- Do you need a reasonable accommodation to perform the job? *(Ask only if applicant raises issue or post-offer)*
- Explain gaps in your employment.
- When did you last take illegal drugs?
- Questions about attendance and sick leave usage at past jobs. *(This may lead to talk about a latent disability. Instead ask about Mondays/Fridays.)*

### Questions Pertaining to Race, Color, National Origin & Ancestry

- Are you legally permitted to work in the United States?
- Do you speak any other languages? *(If necessary or beneficial for job duties)*
- How long have you lived at your current address/past addresses?
- Whom can we notify in the event of an emergency? *(Ask applicant to list persons versus family members)*
- Employers may secure proof of citizenship and authority to work after hire.

- Inquiries about race are *unlawful* unless made pursuant to a certified BFOQ.
- Where were you born?
- Is English your native tongue?
- Where is your father/mother from?
- What is skin, hair or eye color?
- Please provide a photograph of yourself. *(Pre-offer)*
- Are you native born or a naturalized citizen?
- Where did you grow up?

- How did you learn to speak French?
- In what clubs were you a member? *(Versus professional organizations)*
- That is a beautiful accent. What is it?
- Have you ever been arrested? *(Tends to screen out African-Americans)*
- Note about conviction inquiries for Ohio's public employers - *Ban the box applies. Public employers may not ask this question on applications and only ask final candidates during interviews.*

### Questions Pertaining to Religion

- Are you able to work the schedule required for this position?
- Can you work weekends/nights? *(Only if a requirement of the specific job and asked of all applicants)*

- Are you Muslim?
- What church do you attend?
- Do you subscribe to Christian principles? *(Only if position is subject to a religion certified BFOQ)*

- Can you work on Christmas (or other religious holiday)? *(Only legal if essential and asked of all)*
- Questions about LGBT or same-sex marriage.

### Questions Pertaining to Military Status

- What training or experience did you receive in the military? What did you do?
- Which military branch did you serve?
- Invitation to self-identify. *(Federal contractors - voluntary and kept separately)*

- How often are you deployed?
- How long will you be away for service?
- Did you get injured while in combat?
- When are you required to participate in National Guard or Reserve exercises?

- Did you receive an honorable discharge? *(Permissible for federal contractors for veteran preference or security clearance only)*
- Asking for military records. *(Pre-offer)*