



**ASHTABULA COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**
2505 South Ridge Road East
Ashtabula, Ohio 44004
440.335.1587
www.ashtabuladd.org

Office Use Only

Date Received _____
Letter Sent _____
Interview Date _____
Application Log _____
C: _____

General Application

DATE: _____

LEGAL NAME:

Last First Middle

ADDRESS:

Number and Street City State Zip Code

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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Position(s) Applied For:

Service Support Administrator Quality Assurance/Provider Relations Administrative

Early Intervention Developmental Specialist/Service Coordinator Custodial/Maintenance

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

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: _____

Reason for leaving: _____

May we contact your present employer? Yes No

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY CONTINUED:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

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

<u>Name/Title</u>	<u>Address & Phone No.</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The time you have given in preparing this 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.

**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

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
 Employment Agency Walk-In 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