

Application Number: \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT



## LAKE COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

8121 DEEPWOOD BLVD. • MENTOR, OHIO 44060 • 440-350-5100

IF YOU REQUIRE ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CONTACT THE HUMAN RESOURCES DEPT.

Please type or print clearly

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. Street City State Zip Code

Phone (home): ( ) \_\_\_\_\_ For Messages: ( ) \_\_\_\_\_  
Area Code Area Code

All applicants/employees are required to have a home phone number or number where a message can be left which they will receive promptly.

- Positions applied for in order of preference 1. \_\_\_\_\_ • Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_
- 2. \_\_\_\_\_ • Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

• Location preferred, if any \_\_\_\_\_

• Date available to start work \_\_\_\_\_ • Hours available to work \_\_\_\_\_

• How did you learn of this opening? \_\_\_\_\_

• Have you worked for this agency before? Yes  No

- If Yes, When? \_\_\_\_\_ Position held \_\_\_\_\_

- Reason for leaving \_\_\_\_\_

- Were you involved in disciplinary action? Yes  No  If Yes, please explain \_\_\_\_\_

• Are you related by birth or by marriage to any employee or Board member of this agency? Yes  No  If Yes, please state name of person and relationship \_\_\_\_\_

• Have you ever been convicted of a crime? Yes  No

- If yes, list conviction(s), nature of offense, location and date: \_\_\_\_\_

- Probation status, if any: \_\_\_\_\_

\* Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness of the offense in relation to the job for which you are applying and the requirements of Ohio law and Board Policy.

### THE BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position. Applicants for employment, consideration for promotional opportunities and other aspects of employment will be judged on the basis of an individual's ability to perform the essential job functions of the position with or without reasonable accommodation.

# EMPLOYMENT HISTORY

Please list ALL employment history with the most recent first. Use additional sheet if necessary. Must include phone numbers.

Name of Employer _____ Telephone No. (    ) _____ Address _____ Name & Title of Supervisor _____ Status:    Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Job Title _____ Dates of Employment _____ to _____ Salary Beginning _____ Ending _____ Describe Responsibilities _____ Reason for Leaving _____
Name of Employer _____ Telephone No. (    ) _____ Address _____ Name & Title of Supervisor _____ Status:    Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Job Title _____ Dates of Employment _____ to _____ Salary Beginning _____ Ending _____ Describe Responsibilities _____ Reason for Leaving _____
Name of Employer _____ Telephone No. (    ) _____ Address _____ Name & Title of Supervisor _____ Status:    Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Job Title _____ Dates of Employment _____ to _____ Salary Beginning _____ Ending _____ Describe Responsibilities _____ Reason for Leaving _____
Name of Employer _____ Telephone No. (    ) _____ Address _____ Name & Title of Supervisor _____ Status:    Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Job Title _____ Dates of Employment _____ to _____ Salary Beginning _____ Ending _____ Describe Responsibilities _____ Reason for Leaving _____

• May we contact the employers listed above?    Yes     No

If no, indicate which one(s) you do not wish us to contact and why: \_\_\_\_\_

# PERSONAL REFERENCES

List three references, excluding former employers and relatives, who may be contacted. ( Must include phone numbers.)

Name	Occupation	No.	Street	City	State	Zip Code	Telephone No.
1.							
2.							
3.							



I solemnly swear and affirm that I have read this employment application in its entirety. The answer to each and every question and any additional statements and/or materials submitted with this application are true and accurate to the best of my knowledge and belief. I understand and agree that the submission of any false and/or misleading statements or the failure to disclose relevant information deemed material to the application process — no matter when discovered — may result in my disqualification for employment or termination of my continued employment, at the discretion of the Board.

I authorize the Board to make whatever inquiries it considers necessary and appropriate of any person or organization to verify any of the information I have provided in this application and to determine my experience, qualifications, skills and abilities. I grant permission for this application and attachments, if any, to be duplicated and distributed to Board employees responsible for reviewing, interviewing and recommending applicants for employment and to Board employees responsible for personnel records.

I hereby waive all provisions of the law forbidding colleges or universities which I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, and I hereby consent to their disclosure of such knowledge or information to the Board, its authorized employees or to the Division of Personnel, Ohio Department of Administrative Services without my prior notice.

I understand that the Board is required by Ohio law to conduct a record check of the criminal conviction history of an applicant under final consideration for employment with the Board. Ohio law and Board policy make applicants with certain criminal conviction histories ineligible for employment. I understand that if requested I will be required to complete an affidavit regarding my criminal conviction history and be fingerprinted. The criminal conviction record check will be conducted by the Ohio Bureau of Criminal Investigation and Identification which agency may include information from the Federal Bureau of Investigation and, at the Board's discretion, other state and/or federal agencies. The report of my criminal conviction history, if any, may be made available (pursuant to Section 5126.28(c) of the Ohio Revised Code) to Board members, Board employees responsible for employment decisions or any hearing officer in the case of denial of employment. I will be provided with a copy of the report. I understand and agree that my eligibility for employment is subject to and conditioned upon review and evaluation of the criminal conviction history, if any, contained in the report. I have fully and completely disclosed my criminal conviction history, if any, where requested on Page 1 of this application.

I understand and agree that all offers of employment are subject to and conditioned upon the results of a pre-employment physical, including a drug test and tuberculosis test or chest x-ray, verifying my fitness for duty and ability to perform the essential functions of the position with or without reasonable accommodation.

I understand and agree, that as a condition of employment and continued employment, I shall meet and maintain any and all required standards for my position, including but not limited to certification, registration, licensure and/or training. I further understand and agree that in order to renew a certification, registration or licensure, or otherwise as a condition of continued employment, I may be required to enroll in and successfully complete college courses, classes, seminars and/or other job-related training which may be at my expense.

I am prepared to offer documentation of my right to work in the United States.

Date \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_