

APPLICATION FOR EMPLOYMENT



Franklin County Board of Developmental Disabilities

Previously Franklin County MRDD • Established 1967 • Same Agency • Just a New Name!

2879 Johnstown Rd. • Columbus, OH 43219 • (614) 475-6440 • FAX 342-5003 • www.fcbdd.org

NAME _____
Last First Middle

DATE _____

TO ALL APPLICANTS

(Please read carefully)

Thank you for your interest in employment with the Franklin County Board of Developmental Disabilities. The Board operates a county agency providing services on a daily basis for citizens of Franklin County who have developmental disabilities.

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application. Return the completed application to the Human Resources Department at the address above.

Applications may be accepted only for positions that are posted and available. Applications that are properly completed and received in a timely manner will remain active for a period of 60 days.

During the active period, your application will be made available to the supervisor in the facility where the available position exists. After 60 days, your application will be considered inactive and removed from active consideration. In the event you are interested in available, posted positions after 60 days, you will need to complete a new application.

MISSION

The mission of the Franklin County Board of Developmental Disabilities is to provide programs, services and supports to eligible children, adults and their families so individuals with developmental disabilities can live, work, learn and participate in the community.

HIRING PROCESS

When completed applications are received by the Human Resources Department, they are reviewed and made available to the supervisors in the facilities where appropriate openings exist.

Because there are generally many more applicants than open positions, we cannot promise an interview for each applicant. Interviews will be scheduled by the supervisor based upon the applicant's qualifications (e.g. education, related experience, etc.) date of application, position openings at that time, etc.

Because there are occasions when the same openings exist in two or more facilities at the same time, it is possible that applicants may be contacted for more than one interview for the same position. For example, there may be two schools with an instructor opening; however, the specific needs of each school may vary. In this case, it is possible that the applicant may be contacted for an interview at each school.

All applicants under final consideration for employment with the Board shall submit to a criminal background investigation as required by law. Such fees as are incurred shall be the responsibility of the applicant. Depending upon the position, the applicant may also be requested to submit a certified abstract from the Ohio Bureau of Motor Vehicles indicating a record of convictions for violation of motor vehicle laws and/or the applicant may be requested to participate in a drug screening test at a location designated by the Board.

Following the initial interview with the supervisor in the facility, applicants may be recommended for an additional interview with the superintendent. Though such interviews are scheduled promptly, the total process above may take several weeks

Helping people to live, learn and work in our community

An Equal Opportunity Employer

www.fcbdd.org

PERSONAL INFORMATION
(Please type or print)

1. _____	3. _____
2. _____	4. _____

Date _____

Name _____ Social Security Number _____
Last First Middle

Address _____
No. Street City State Zip Code

Telephone Number(s) _____

Position(s) Applied For 1. _____ Rate of pay expected \$ _____ per _____

2. _____ Rate of pay expected \$ _____ per _____

Location preferred, if any _____ Date available to start work _____

How did you learn of this opening _____ Have you worked for this agency before Yes No

List friends or relatives working for this agency _____

EMPLOYMENT HISTORY

(Please list most recent first) Use additional sheet if necessary. If your job title or duties changed during employment with any one employer, please list as separate employers. A resume may not be used as a substitute for completing this application.

Name of Employer _____ Telephone No. (_____) _____
Area Code

Address _____ Name & Title of Supervisor _____
No. Street City State Zip Code

Job Title _____ Dates of Employment _____ to _____ Salary: beginning _____ ending _____
Mo. Yr. Mo. Yr. Full Time Part Time

Describe Responsibilities _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (_____) _____
Area Code

Address _____ Name & Title of Supervisor _____
No. Street City State Zip Code

Job Title _____ Dates of Employment _____ to _____ Salary: beginning _____ ending _____
Mo. Yr. Mo. Yr. Full Time Part Time

Describe Responsibilities _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (_____) _____
Area Code

Address _____ Name & Title of Supervisor _____
No. Street City State Zip Code

Job Title _____ Dates of Employment _____ to _____ Salary: beginning _____ ending _____
Mo. Yr. Mo. Yr. Full Time Part Time

Describe Responsibilities _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (_____) _____
Area Code

Address _____ Name & Title of Supervisor _____
No. Street City State Zip Code

Job Title _____ Dates of Employment _____ to _____ Salary: beginning _____ ending _____
Mo. Yr. Mo. Yr. Full Time Part Time

Describe Responsibilities _____

Reason for Leaving _____

List the employers we may NOT contact for a reference _____

EDUCATION

Type	Complete Name and Address	Years Completed (Circle)	Graduated (Circle)	Degree	Major
High School		1 2 3 4	Yes No		
College*		1 2 3 4	Yes No		
Post Graduate*		1 2 3 4	Yes No		
Business or Trade*		1 2 3 4	Yes No		
Other		1 2 3 4	Yes No		

* Please submit official transcripts. Are official (NOT Photocopies) transcripts enclosed? Yes No

CERTIFICATION / LICENSURE / REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. Be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position(s) for which you have applied.

Certification/License from the Ohio Department of Education

Type

Grade

Expiration Date

Certification/Registration from the Ohio Department of Developmental Disabilities

Type

Validation

Level

Grade

Expiration Date

Please list other certificates, registrations or licenses that you have that are required for the position(s) for which you have applied.

Type of Certificate/Registration/License	Authorizing Board or Agency	Expiration Date
1.		
2.		
3.		

MILITARY SERVICE RECORD

Have you ever served in the armed services? Yes No

If yes, please submit a copy of your DD-214.

Is a copy of your DD-214 enclosed? Yes No

MISCELLANEOUS

1. Have you ever been convicted of or pleaded guilty to any of the following?

a. A felony contained in the Ohio Revised Code: Yes No

b. A crime contained in the Ohio Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on subsequent offenses: Yes No

c. A violation of an existing or former law of Ohio, any other state, or the United States, which offense is substantially equivalent to any of the offenses described in (a) or (b) above: Yes No

2. Have you ever been discharged or requested to resign from a position? Yes No

3. Have you ever had a certificate, license or registration revoked or suspended? Yes No

4. Can you perform the job-related requirements of the specific job(s) for which you are applying with or without reasonable accommodation?

Yes No

5. If you answer Yes to questions 1,2 or 3, or No to question 4; please explain fully below, indicating (by number) to which question you are responding.

REFERENCES

List three references, excluding former employers and relatives, who this agency has permission to contact.

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

EMERGENCY INFORMATION

Name _____ Telephone No. (_____) _____
Last First Middle Area Code

Address _____
No. Street City State Zip Code

ADDITIONAL INFORMATION

Please summarize other experiences, skills, or qualifications which you feel would qualify you for the position(s) for which you have applied.

APPLICANT'S AGREEMENT

I certify that I have read and understand the instructions on the front page and all other information on this application. I grant permission to have this application and enclosures duplicated and distributed. And, I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical or substance abuse, or others as may be required by the Board.

I authorize the Franklin County Board and/or its agents, including consumer reporting bureaus to verify any of this

information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all the requirements as stated on the job posting(s) for the position(s) for which I am applying. I am able to perform all the duties as described.

I understand and agree, that, as a condition of employment, I shall meet and maintain all required standards of my position which involves certification, registration, licensure and training. I further understand that I may be required to enroll in college courses and training at my expense.