



Huron County Board of Developmental Disabilities  
 Christie Lane School/Help Me Grow/ Early Childhood Services  
 306 South Norwalk Rd. West, Norwalk, OH 44857  
 (419)668-8840 ♦ fax: (419)663-2321  
 www.hurondd.org

## APPLICATION FOR EMPLOYMENT

Please Read Carefully – Type or Print Clearly – Applications will be retained for one year

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street Address* *City, State, Zip*

\_\_\_\_\_ *Home Phone # (include area code)* *Cell Phone # (include area code)* *Email Address*

First Position for which you are Applying: \_\_\_\_\_

Second Position for which you are Applying: \_\_\_\_\_

Check Preference:     Full-Time                       Part-Time

Can you safely perform the essential functions of the position for which you are applying?  
 Yes     No (If NO, please explain) \_\_\_\_\_

Do you currently receive pay to provide services to one or more persons with disabilities?  
 Yes     No (If YES, please explain) \_\_\_\_\_

Have you ever been employed by the State of Ohio or the County of Huron?  
 Yes     No (If YES, please explain) \_\_\_\_\_

Are you employed at the present time?    Please give first date available for work: \_\_\_\_\_  
 Yes     No

How did you learn about us/this opportunity?  
 Newspaper     Online     Website     Friend     Other \_\_\_\_\_

EDUCATION				
School	Name & Location	Academic Major	Graduated	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Summarize Other Related Training, Skills, or Qualifications:				

**EMPLOYMENT HISTORY**

List employment beginning with most recent – *A resume may not be used as a substitution for completing this section.*

**Most Recent Employer:** \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_ Supervisor Phone/Email: \_\_\_\_\_  
Description of job duties: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Ending Wage/Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

**Previous Employer:** \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_ Supervisor Phone/Email: \_\_\_\_\_  
Description of job duties: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Ending Wage/Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

**Previous Employer:** \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_ Supervisor Phone/Email: \_\_\_\_\_  
Description of job duties: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Ending Wage/Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

**Please Explain Any Gaps in Employment:** \_\_\_\_\_

Have you ever been discharged or requested to resign from a position?  
 Yes  No (If YES, please explain) \_\_\_\_\_

**PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATION**

Certifications or Licenses you hold:			
Type	Level	Status	Expiration Date:
Certifications or Licenses you hold:			
Type	Level	Status	Expiration Date:
Have you ever had a license, registration or certificate revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please explain)			

**MOTOR VEHICLE DRIVERS ABSTRACT**

The Huron County Board of DD is mandated by law (ORC 5123.081/5126.28) to secure motor vehicle driver abstracts for all applicants being considered for employment, whose job description requires they may transport individuals or operate personal or agency vehicles for any other purposes while employed.

Do you have a current Ohio Driver’s License? (Minimum Qualification)  Yes  No License # \_\_\_\_\_  
Can you supply your own transportation to work?  Yes  No  
Do you have auto liability insurance? (Minimum Qualification)  Yes  No  
Please provide Insurance Information: \_\_\_\_\_

**REFERENCES**

List 3 references that the HCBDD has permission to contact. *Use former employer's or other professional references only. Do Not use relatives or personal references.*

Name \_\_\_\_\_ Occupation/Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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Name \_\_\_\_\_ Occupation/Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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Name \_\_\_\_\_ Occupation/Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**NOTICE OF REQUIREMENT OF CRIMINAL BACKGROUND CHECK**

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Huron County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation. For more information please review OAC 5123:2-2-02. Your signature below verifies only that you understand our requirement to conduct background checks following job offers. Your signature also verifies that you further understand that all prospective employees must pass a drug test prior to being hired.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT'S AGREEMENT**

I certify the information I have provided in this application is true and complete. If employed, I understand that any misstatement or omission of fact may result in rejection of my application or immediate discharge at any time during my employment. I authorize the employer to verify references and additional information, if job related. I hereby release the employer and its representatives from liability for seeking such information and all other persons or corporations for furnishing such information.

I understand that any offer of employment is contingent upon satisfactory results of a health assessment (including drug screening) related to my job duties. I agree to submit to any future health assessments that may be required and other assessments as required by the position or by law.

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

I grant permission to have this application and enclosures duplicated and to be distributed to the Board's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_