

# CLARK COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

2527 Kenton Street, Springfield, Ohio 45505  
clarkmrdd.org

## EMPLOYMENT APPLICATION

PERSONAL INFORMATION: (Please type or print clearly)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ May we contact you at work? \_\_\_\_ YES \_\_\_\_ NO

Home Email address: \_\_\_\_\_

| POSITION APPLYING FOR: | POSTING # | POSITION APPLYING FOR: | POSTING # |
|------------------------|-----------|------------------------|-----------|
| 1. _____               | _____     | 2. _____               | _____     |

ARE YOU INTERESTED IN:

- |  |  |
|--|--|
| <input type="checkbox"/> Full-time permanent work? | Shift preference, if any: _____                                    |
| <input type="checkbox"/> Part-time work?           | Date available to start work: _____                                |
| <input type="checkbox"/> Temporary work?           | Location or Department preferred, if any: _____                    |
| <input type="checkbox"/> On-call work?             | If necessary, are you available to work overtime? ____ YES ____ NO |
| <input type="checkbox"/> Summer work only?         |  |

Are you legally eligible for employment in the United States? \_\_\_\_ YES \_\_\_\_ NO

How did you hear about employment openings? \_\_\_\_\_

Have you worked for the Clark County Board of MR/DD in the past? \_\_\_\_ YES \_\_\_\_ NO

IF YES, from: \_\_\_\_\_ to \_\_\_\_\_ (dates), in: \_\_\_\_\_ (department)  
as \_\_\_\_\_ (position), under what name?: \_\_\_\_\_

Do you have any friends or relatives working for the Board? \_\_\_\_ YES \_\_\_\_ NO  
*(It is Board policy to not place an employee under the supervision of a relative, including spouses, or anyone else living in the same household.)*

Previous address/es lived the last five years (includes out-of-state college/university/military experiences.) Attach separate sheet if necessary:

From date: \_\_\_\_\_ to date: \_\_\_\_\_:

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

From date: \_\_\_\_\_ to date: \_\_\_\_\_:

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

**EMPLOYMENT HISTORY -**

List most recent employment first. ALL PAST EMPLOYMENT MUST BE GIVEN, INCLUDING SUMMER AND PART-TIME EMPLOYMENT. Ask for an 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 page. Past employers may be contacted for work-related references.

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Have you worked under another last name?  Yes  No If yes, please list names:

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Name of **Current** Employer: \_\_\_\_\_ Tel. No.: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

Describe Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Name of **Past** Employer: \_\_\_\_\_ Tel. No.: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Describe Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name of **Past** Employer: \_\_\_\_\_ Tel. No.: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Describe Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name of **Past** Employer: \_\_\_\_\_ Tel. No.: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Describe Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION**

| TYPE              | COMPLETE NAME & ADDRESS | YEARS COMPLETED (CIRCLE) | GRADUATE ? (CIRCLE) | DEGREE/ CERTIFICATE | MAJOR |
|-------------------|-------------------------|--------------------------|---------------------|---------------------|-------|
| HIGH SCHOOL/ GED  |                         | 1 2 3 4<br>or<br>GED     | YES NO              |                     |       |
| COLLEGE           |                         | 1 2 3 4                  | YES NO              | AA BS BA<br>OTHER:  |       |
| POST GRADUATE     |                         | # OF YRS:                | YES NO              | MS MA<br>OTHER:     |       |
| BUSINESS OR TRADE |                         | # OF YRS:                | YES NO              |                     |       |
| OTHER             |                         | # OF YRS:                | YES NO              |                     |       |

A copy of university transcripts will be required for all applications for degreed positions. THE FINAL CANDIDATE MUST SUBMIT ORIGINAL UNIVERSITY TRANSCRIPTS FOR ALL DEGREED POSITIONS AND HIGH SCHOOL DIPLOMA/GED CERTIFICATE FOR NON-DEGREED POSITIONS PRIOR TO DATE OF HIRE.

**CERTIFICATION/LICENSURE/REGISTRATION**

For many positions, state certification, licensure or registration requirements MUST be met. If you hold any of the applicable document(s), please enclose copies. Complete the information below as it relates to the position(s) for which you have applied.

**CERTIFICATION FROM THE OHIO DEPARTMENT OF EDUCATION (TEACHER AND TEACHER'S ASSISTANT):**

Type: \_\_\_\_\_ Grade: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CERTIFICATION OR REGISTRATION FROM THE OHIO DEPARTMENT OF MR/DD (WORKSHOP, EARLY INTERVENTION, CASE MANAGEMENT):**

Type: \_\_\_\_\_ Validation: \_\_\_\_\_ Level: \_\_\_\_\_ Grade: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please list other Certificate/License/Registrations you have that are REQUIRED for the position(s) for which you applied. (NURSES, LSW, VEHICLE OPERATOR)

| TYPE OF CERTIFICATE/REGISTRATION/LICENSE | AUTHORIZING BOARD OR AGENCY | EXPIRATION DATE |
|--|-----------------------------|-----------------|
| 1.                                       |                             |                 |
| 2.                                       |                             |                 |

**MISCELLANEOUS**

1. Have you ever been discharged or requested to resign from a position? \_\_\_YES \_\_\_NO If YES, please explain: \_\_\_\_\_

2. Have you ever had a certificate, license or registration revoked or suspended? \_\_\_YES \_\_\_NO If YES, please explain: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please summarize other experiences, volunteer experience, skills or qualifications which you feel would qualify you for the position(s) for which you have applied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU** for your interest in employment with the Board. The Board provides a broad range of services to children and adults with mental retardation and developmental disabilities who live in Clark County.

When completing your application, please provide as much detail as possible and answer all questions thoroughly. Type or print clearly. If you need assistance completing the application, please advise the Human Resources Department. Be sure your signature and the date appear on the back page of the application and return the completed application to the HR Department. All applications will be kept on active status for a period of one year. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

**HIRING PROCESS**

When completed applications are received in the HR Department, they are reviewed and made available to the supervisors in the facilities where appropriate openings exist, based upon the applicant's stated interests and qualifications.

Because there are generally more applicants than available positions, not all applicants will receive interviews. Interviews are scheduled by the supervisor in the facility/department based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff, supervisors and administrators. All offers of employment may be extended only through the Superintendent. All offers of employment are contingent upon successful completion of a job-related medical examination, a criminal history background check, and, if the position requires the person to transport clients or operate agency vehicles for any other purpose, even on an occasional basis, a driving abstract. A satisfactory employment physical, including a drug screening, and a satisfactory Two-Step Mantoux TB test are also required.

**For scheduling purposes, please give 24 hours notice if you will not be able to keep interview/observation appointments. If we do not hear from you, your application will be put on inactive status and you may reapply in 1 year.**

**NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK**

The Clark County Board of MR/DD is mandated by law to conduct criminal background checks on applicants under final consideration for employment. If you are a finalist, you will be required to be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation & Identification and, if applicable, the Federal Bureau of Investigation. All offers of hire are contingent upon satisfactory reports. Disclosure of a criminal record will not necessarily disqualify you for employment. This report is not subject to the Ohio Public Records Act. You may request, in writing, a copy of the report.

**APPLICANT'S AGREEMENT**

I certify that I have read and understand the instructions included and all other information on this application and that the answers given by me to the foregoing questions and 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 lawful examinations, such as medical or substance abuse, or others as may be required by the Board.

I hereby permit the Clark County Board of Mental Retardation and Developmental Disabilities to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation, I understand that the Clark County Board of MR/DD will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this application, I hereby consent all prior employers and educational institutions to provide necessary information to this employer during the background investigation. I hereby release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good-faith furnishes written or oral references, as requested by this employer to complete its background investigation. A photocopy or facsimile of this form, that shows my signature, is valid as an original.

I confirm that I meet all the requirements as stated on the job posting(s) for the positions(s) for which I am applying. I am able to perform all the essential duties of the position(s) as listed in the Position Description(s) with or without reasonable accommodations.

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 Board employees responsible for employment activity. I understand that, if hired, this application will become part of my official employment record. I understand this is the only agreement with the Clark County Board of MR/DD and it takes affect only if I am hired, accept and show up for work on my first day of employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this application to: Clark County Board of MR/DD Human Resource Department. Phone: (937)328-2729, Fax: (937)327-6601**

**APPLICANT STOP HERE**

*(This Section To Be Signed And Notarized In The Presence of a Clark County MRDD Human Resource Assistant)*

Signature of Applicant: \_\_\_\_\_

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at Springfield, County of Clark and State of Ohio.

Notary: \_\_\_\_\_