

Next Most Recent Employer

_____ Organization Name _____ Telephone

Supervisor's Name and Job Title: _____

Your Job Title: _____ Dates Employed: From ___/___/___ To ___/___/___

Your Hourly Pay Rate or Annual Salary: \$_____ per hour or \$_____ annual salary

Briefly Describe Your Job Duties:

May we contact this employer for a job reference? Yes _____ No _____

Describe Your Reason[s] for Leaving:

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May we contact this employer for a job reference? Yes: _____ No: _____

Describe Your Reason[s] for Leaving:

List Job Equipment That You Are Qualified to Operate:

This application will remain on file with the GCBDD for a period limited to one year following the date of its submission. By signing below, I am verifying that all of the information I've provided is complete, truthful and accurate to the best of my knowledge.

I understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration in the employment selection process. If I am hired, and it is determined that any information provided on this application form or any time during the hiring processes is inaccurate or incomplete, I understand that this may be sufficient cause for me to be discharged from employment.

I understand that if I am offered a job with the GCBDD, I will be subject to a criminal background check and drug test. My failure to pass the drug test will result in the offer of employment being rescinded. Likewise, if I do not have an acceptable criminal background check, the offer will be rescinded. However, a criminal background will not necessarily disqualify me from employment, depending on facts and circumstances, and regulatory requirements.

I understand that to be considered for employment, I must comply with the Superintendent's policies and other work rules. I further understand that this application is not, and is not intended to be a contract of employment.

_____ /_____/_____
Applicant's Signature **Date**

* Completed application can be emailed to gcbdd@galliadd.com or dropped off at 77 Mill Creek Road, Gallipolis, Ohio.

Gallia County Board of Developmental Disabilities
Guiding Hand School

77 Mill Creek Road, Gallipolis, Ohio 45631

MISCELLANEOUS

1. Do you have any friends or relatives working for this agency?
Yes No
If yes, who? _____

2. Have you ever been discharged or asked to resign from a position? (If yes, please explain)
Yes No

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

4. Can you perform the essential functions of the specific job(s) for which you are applying and listed in the Position Description?
Yes No
If no, please list which essential function(s) you would have difficulty performing and identify possible reasonable accommodation(s).

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK

The Gallia County Board of 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 complete an affidavit and be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation and Identification or, at the Board's discretion, other state or federal agency. All offers of hire are contingent upon satisfactory reports. 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. This report is not subject to the Ohio Public Records Act.