GALLIA COUNTY BOARD OF DD EMPLOYMENT APPLICATION

Instructions: Your interest in employment with our Office is appreciated. This application is the initial step in the hiring process so you must complete this application, in full, to be considered for employment. You may attach your resume but you must still complete this form in full. Please write legibly. If you need assistance completing this form because of a disability, please request that the Superintendent provide someone to assist, or you may request that we consider some other reasonable accommodation that does not create an undue hardship on the GCBDD.

The GCBDD is an equal employment opportunity employer. EEO concerns are to be promptly brought to the attention of the Superintendent.

Information About You

Name:			Date of Application:			
Home Phone Number:			Cell Phone Number:			
Home Address:	Number	Street	City	State	Zip Code	
Are you over 18 years old?	Yes	No	employed in the If you are hired, y	United States?	Yes No provide proper identification byment eligibility.	
Do you have othe	er employn	nent that will	l continue if you are	hired? Yes	s No	
If yes, specify t	he seconda	ary employm	nent:			
		Yo	our Employment His	story		
resent or Most Re	cent Employ	<u>rer</u>				
Organization Name			}		Telephone	
upervisor's Name	and Job Titl	le:				
our Job Title:			Dates Employed:	From//	To/	
our Hourly Pay Ra	te or Annua	l Salary:	\$ per hour	or \$	annual salary	
riefly Describe Yo	ur Job Dutie	es:				
lay we contact this	employer f	or a job refere	ence? Yes	No		
escribe Your Reas	on[s] for Le	aving:				

Next Most Recent Employer

/ To//
annual salary
Telephone
annual salary
-

Your Education and Training

Circle the last year of formal education that you've completed:

Schools Attended	G	iraduate?
High School:		
College:	Yes:	No:
Trade School:	Yes:	No:
Diplomas, degrees or Certificates Achieved:		
Describe other courses or the training you've received which you	feel will help you perfo	orm the job for whic
you are applying.	icei wiii neip you peric	
About the Job For Which You	Are Applying	
		No:
Do you have reliable transportation so you can timely get to and f	rom work? Yes: _	No:
Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$	rom work? Yes: Annual Salary	No:
Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$	rom work? Yes: Annual Salary	No:
Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$ Do You Want: Full-Time Part-Time Anything:	rom work? Yes: Annual Salary	No:
Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$ Do You Want: Full-Time Part-Time Anything: If You Are Hired, When Would You Be First Available To Start? _	rom work? Yes: Annual Salary	No:
Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$ Do You Want: Full-Time Part-Time Anything: If You Are Hired, When Would You Be First Available To Start?	rom work? Yes: Annual Salary	No:
Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$ Do You Want: Full-Time Part-Time Anything: If You Are Hired, When Would You Be First Available To Start?	rom work? Yes: Annual Salary	No:
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Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$ Do You Want: Full-Time Part-Time Anything: If You Are Hired, When Would You Be First Available To Start? List Any Scheduling Restrictions:	rom work? Yes: Annual Salary	
About the Job For Which You Do you have reliable transportation so you can timely get to and f Expected Hourly Rate or Salary: \$ hourly \$ Do You Want: Full-Time Part-Time Anything: If You Are Hired, When Would You Be First Available To Start? List Any Scheduling Restrictions: List Any Certifications, Registrations or Licenses That You Hold V	rom work? Yes: Annual Salary	

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 understand that this application is not, and is not intended to be a contract of employment.	nd other work rules. I furthe
I understand that if I am offered a job with the GCBDD, I will be subject to a criminal background check pass the drug test will result in the offer of employment being rescinded. Likewise, if I do not I background check, the offer will be rescinded. However, a criminal background will not necessary the subject to a criminal background will not necessary the subject to a criminal background will not necessary the subject to a criminal background will not necessary the subject to a criminal background check.	have an acceptable crimina
I understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from employment selection process. If I am hired, and it is determined that any information provided on this during the hiring processes is inaccurate or incomplete, I understand that this may be sufficient cause f employment.	application form or any time
This application will remain on file with the GCBDD for a period limited to one year following the signing below, I am verifying that all of the information I've provided is complete, truthful and knowledge.	accurate to the best of m

 $^{^{\}star}$ 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.