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:	Cel	Cell Phone Number:		
Home Address: Number Street	City	State	Zip Code	
Are you over Yes No _ 18 years old?	employed in f	ble to be the United States? d, you'll be required to erification of your emplo	provide proper identification	
Do you have other employment that	t will continue if you a	are hired? Yes	s No	
If yes, specify the secondary emp	loyment:			
	Your Employment H	History	3 0753	
Present or Most Recent Employer				
Organization I	Name		Telephone	
Supervisor's Name and Job Title:				
Your Job Title:	Dates Employed	: From//	To	
Your Hourly Pay Rate or Annual Salary:	\$ per ho	our or \$	annual salary	
Briefly Describe Your Job Duties:	,		,	
			44 N. de	

May we contact this employer for a job	reference? Yes	No		
Describe Your Reason[s] for Leaving:				
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Next Most Recent Employer Telephone Organization Name 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: Next Most Recent Employer Telephone Organization Name 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:

Your Education and Training

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

0 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 Primary Education College	6 7 8	1 2 3 4 Trade School
Schools Attended	Graduate?	
High School:	Yes:	No:
College:	Yes:	No:
Trade School:	Yes:	No:
Diplomas, degrees or Certificates Achieved:		
	26	
	45,000	
		
Describe other courses or the training you've received which you feel will h	elp you perfo	orm the job for which
you are applying.		
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About the Job For Which You Are Apple	vina	7277 1127 1
		15% of
Do you have reliable transportation so you can timely get to and from work	? Yes: _	No:
Expected Hourly Rate or Salary: \$ hourly \$ An	nual Salary	
Do You Want: Full-Time Part-Time Anything:		
If You Are Hired, When Would You Be First Available To Start?		
List Any Scheduling Restrictions:		
	- 8	VINCE DE MANAGEMENT
List Any Certifications, Registrations or Licenses That You Hold Which You	Feel May Be	Beneficial to the Job

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This application will remain on file with the GCBDD for a period limited to one year folk signing below, I am verifying that all of the information I've provided is complete, trut knowledge.	
I understand that any misrepresentation or omission of pertinent facts is cause for disqualifyin employment selection process. If I am hired, and it is determined that any information provide during the hiring processes is inaccurate or incomplete, I understand that this may be sufficie employment.	ed on this application form or any tim
I understand that if I am offered a job with the GCBDD, I will be subject to a criminal background that if I am offered a job with the GCBDD, I will be subject to a criminal background the subject to a criminal background will background check, the offer will be rescinded. However, a criminal background will employment, depending on facts and circumstances, and regulatory requirements.	do not have an acceptable crimina
I understand that to be considered for employment, I must comply with the Superintendent's punderstand that this application is not, and is not intended to be a contract of employment.	policies and other work rules. I furthe
Applicant's Signature	Date

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?			
	YesNo If yes, who?			
2.	Have you ever been discharged or asked to resign from a position? (If yes, please explain) YesNo			
3.	Have you ever had a certificate, license or registration revoked or suspended? YesNo			
4.	Can you perform the essential functions of the specific job(s) for which you are applying and listed in the Position Description? YesNo 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.