



**GREENE COUNTY BOARD  
OF DEVELOPMENTAL DISABILITIES**

Administration  
245 N. Valley Road  
Xenia, OH 45385  
937-562-6500  
greneedd.org

**APPLICATION FOR EMPLOYMENT**  
PLEASE TYPE OR PRINT CLEARLY

For what position are you applying?			
Available:	Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Substitute <input type="checkbox"/>
			Date Available: _____

Name: _____	Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ <small>First Middle Last</small>	
Address: _____	
_____ <small>Street Address City State Zip</small>	
Area Code/Phone Number: _____	E-Mail _____

Do you have prior state or county service? Yes  No

Have you worked for Greene County DD before? Yes  No

Are you willing and able to secure an Ohio Driver's License if a license is required? Yes  No

List any relatives employed by the county:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**EDUCATION**

	Name: City & State:	Did You Graduate? ___ Yes ___ No	If no, did you obtain a GED? ___ Yes ___ No
High School			
Undergraduate College			Degree: Major:
Graduate College			Degree: Major:
Business or Trade School			Degree: Major:
Other			Degree: Major:

*~ For all positions, HS Diploma/GED proof AND/OR official college transcripts will be required prior to the first day worked~*

## EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. **You may attach your resume; however you must still complete the application.** Please list most recent employment first. Incomplete applications will not be considered.

Name of Employer:	Phone #:
May we contact (check one)? _____ With prior notice, please _____ Without prior notice	
Street Address:	City, State, Zip
Job Title:	Name/Title of Supervisor:
Ending Salary:	Dates of Employment:
Describe Responsibilities:	
Reason for Leaving:	

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**LICENSURE / CERTIFICATION / REGISTRATION**

Type/Level/Grade	Authorizing Agency / Department/ Board	Expiration Date

**SUMMARY OF QUALIFICATIONS**

List computer software in which you regularly use regularly, if any.

Please summarize other experiences, skills, or other factors that qualify you for the position (e.g. professional organizations, clerical skills, computer abilities, equipment, etc.)


**REFERENCES**

List three references who can assess your professional abilities and whom this agency has permission to contact.

Name	Address (include City, State, Zip)	How do they know you?	Phone #

**MILITARY EXPERIENCE**

Are you a veteran? No  Yes  Branch of Service: \_\_\_\_\_  
 Rank? \_\_\_\_\_ Length of Service: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER**

This philosophy calls for equal opportunity for employment, training and advancement regardless of race, color, national origin, ancestry, religion, gender, age, pregnancy, military status, genetics, disability, military status, genetic information, sexual orientation, gender identity, Family and Medical Leave, protected veteran status, other characteristics protected by law or any other factors unrelated to the essential duties of the position.

*Continued on back.*

**RELEASE AND AUTHORIZATION**

**PLEASE READ CAREFULLY**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that the making of false statements will be grounds for rejecting the application outright. If the false statement is not discovered until after I am employed, it will be grounds for removal.

I understand that pursuant to Ohio Administrative Code Section 5123:2-2-02, Greene County Board of Developmental Disabilities is required to conduct background investigations prior to employment. It's further noted 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. I know if I am under final consideration, I will be required to submit to a background check through the Bureau of Criminal Identification and Investigation and if applicable, a driver's abstract.

My signature below verifies only that I understand the requirement to conduct background checks. I understand my signature gives consent and also verifies that I understand that all prospective employees must pass a drug test prior to being hired in accordance with the Drug-Free Workplace Program. A physical examination is required for positions, as well.

I waive all provisions of law forbidding colleges or university which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. In consent that they may disclose such information to the hiring Director or the HR department of Greene County Board of DD. I also understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I understand that this application or any prior verbal or written statements are not a contract of employment.

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

Date: \_\_\_\_\_