



Employment Application

TO ALL APPLICANTS:

Thank you for your interest in employment with the Miami County Board of Developmental Disabilities (MCBDD). When completing your application, answer all questions thoroughly. Type or print clearly. If you need assistance completing the application, please advise the Human Resources Office. Be sure your signature and the date appear on the last page of the application and return the completed application to the Human Resources Office at the above address. All applications will be kept on active status for one year. If you are not hired but are still interested in employment with this organization after one year, you will need to complete a new application.

SELECTION PROCESS:

When completed applications are received by the Human Resources Office, they will be considered for appropriate vacancies based on the applicant's stated areas of interest and qualifications. Because there are generally more applicants than vacant positions, not all applicants will be asked to participate in the Selection Process. The Human Resources Office schedules interviews based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodations. All offers of employment are contingent upon successful completion of a drug test, medical examination, criminal background check(s), and, when requested, a clear driving abstract.

CERTIFICATION/LICENSURE/REGISTRATION:

Some positions require certification, licensure, and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license, and/or registration.

NOTICE OF REQUIREMENT OF CRIMINAL BACKGROUND CHECK:

The Board is required by law to conduct criminal background checks on new employees. If you are hired, you will be required to complete an affidavit and be fingerprinted. The background check will be completed by the Ohio Bureau of Criminal Investigation & Identification or, at the Board's discretion, other state or federal agencies. All offers of employment 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. You are entitled to receive a copy of the report.

THE BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

MCBDD does not discriminate in provision of services or employment on the basis of race, religion, color, national origin, gender (including pregnancy or gender identity), sexual orientation, age, veteran status, disability or any other basis covered by appropriate law.

PERSONAL INFORMATION - (Please type or print clearly)

Date: _____
Name _____ Social Security No. _____
Last First Middle
Address _____ Telephone No. _____

Email Address: _____@_____ (PRINT CLEARLY)
Position applied for: _____ Rate of Pay Expected \$_____ per_____

How did you learn of this opening? _____
Have you worked for this agency before? Yes _____ No _____

EMPLOYMENT HISTORY - List most recent work first. Use additional sheet if necessary. If your job title or duties changed during employment with any one employer, please list as separate employers. YOU MAY ATTACH A RESUME, BUT AN APPLICATION MUST BE COMPLETED.

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____

Reason for Leaving: _____

ADDENDUM TO EMPLOYMENT APPLICATION

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes ___ No ___
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving: _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes ___ No ___
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving: _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes ___ No ___
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving: _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes ___ No ___
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving: _____

EDUCATION

	Complete Name & Address	Years Completed	Graduated (circle one)	Degree	Major
High School		1 2 3 4	Yes No		
College*		1 2 3 4	Yes No		
Post Graduate*		1 2 3 4	Yes No		
Business/Trade		1 2 3 4	Yes No		
Other		1 2 3 4	Yes No		

***Please submit transcripts or copy of highest diploma. Unofficial transcripts are acceptable.**

CERTIFICATION/LICENSURE/REGISTRATION

Enclose copies of the applicable document(s) and complete the information below as it relates to the position for which you have applied.

Certification/Licensure from the Ohio Department of Education

Type _____ Grade _____ Expiration Date _____

Certification or Registration from the Ohio Department of DD

Type _____ Validation _____ Grade _____ Expiration Date _____

Please list other certificates, registrations, or licenses you have that are required for the position:

- | Type of Certificate/Registration/License | Authorizing Board or Agency | Expiration Date |
|--|-----------------------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |

MISCELLANEOUS

1. Have you ever had a certificate, license, or registration revoked or suspended? Yes _____ No _____
If yes, explain: _____

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

3. Have you ever been employed in the State or County service of Ohio? Yes _____ No _____

4. Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Miami County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note 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. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation. For more information, please review OAC 5123:2-2-02. Your signature below verifies only that you understand our requirement to conduct background checks following job offers. Your signature also verifies that you further understand that all prospective employees must pass a drug test prior to being hired.

Signature

Date

REFERENCES

Please list three references, excluding former employers and relatives, this agency has permission to contact.

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

ADDITIONAL INFORMATION

Please summarize other skills or qualifications which you believe have relevance to the position you are applying for:

Do any of the following apply to you?

Yes	No	
_____	_____	(a) You are an employee of an agency contracting to provide services with the Miami County Board of Developmental Disabilities.
_____	_____	(b) You are an immediate family member of an employee of an agency contracting to provide services with the Miami County Board of Developmental Disabilities.
_____	_____	(c) You have an immediate family member who serves as a county commissioner for Miami County.
_____	_____	(d) You are employed by, have an ownership interest in, perform or provide administrative duties for, or are a member of the governing board of an entity that provides specialized services to people with disabilities, regardless of whether the entity contracts with the Miami County Board of Developmental Disabilities to provide specialized services.

If you answered yes to any of the above, AND you are applying and are hired to work with us in a position that is defined as a management position or a professional position or a service position, be advised of the following Ohio Law (5126.033):

A county board shall not enter into a direct services contract for services with an individual, agency, or other entity that employs a person who is a management employee, professional employee, or service employee of the County Board of Developmental Disabilities, unless all of the following conditions are met:

- (1) The employee is not in a capacity to influence the award of the contract.
- (2) The employee has not attempted in any manner to secure the contract on behalf of the individual, agency, or other entity.
- (3) The employee is not in management level two or three according to rules adopted by the Director of Developmental Disabilities.
- (4) The employee is not employed by the board during the period when the contract is developed as an administrator or supervisor responsible for approving or supervising services to be provided under the contract and agrees not to take such a position while the contract is in effect, regardless of whether the position is related to the services provided under the contract.
- (5) The employee has not taken any actions that create the need for the services to be provided under the contract.
- (6) The individual, agency, or other entity seeks the services of the employee because of the employee's expertise and familiarity with the care and condition of one or more eligible persons and other individuals with such expertise and familiarity are unavailable, or an eligible person has requested to have the services provided by that employee.

APPLICANT'S AGREEMENT

I certify that I will declare, now or in future, any connection to another direct service agency for which my employment with Miami County Board of Developmental Disabilities could create a conflict of interest as outlined in items (1) to (6) above (on Page 6).

I certify that I have read and understand the instructions on the front page and all other information on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omission, or misrepresentations of fact provided in this application may result in rejection of my application or termination at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to examinations, including medical, or substance testing as may be required by the Board.

I authorize the Board and/or its agents, including consumer reporting bureaus, to verify any of the information I have provided by researching appropriate information and record sources. I authorize all employers (unless noted in employment history), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all the minimum qualifications as stated on the job posting for the position for which I am applying.

I understand and agree that as a condition of employment, I will 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 the Board's employees responsible for initial screening, interviewing, and recommending applicants for employment and to employees responsible for personnel records and reports.

SIGNATURE: _____

Date: _____

Form must be signed.

You may return by doing one of the following: mail (1625 N. Troy Sidney Road, Troy, Ohio 45373), fax (937-332-1765), or scan and email to careers@miamicountydd.org or bring to our office. Interviews will be scheduled based on the outcome of the review and evaluation.