

Madison County Board of Developmental Disabilities

500 Elm Street
London, Ohio 43140
(740) 852-7050

Susan Thompson
Superintendent

Employment Application

Section I. Personal History

Date of Application _____

1. Last Name _____ First Name _____ Initial _____

2. Street Address _____

3. City _____ State _____ Zip Code _____

4. Phone _____ Emergency Phone Number _____

Emergency Contact Person _____

5. Social Security No. _____ E-mail address _____

6. Please list position for which you are applying. _____

7. Are you interested in working _____ Full Time _____ Part Time _____ Temporary

8. List your preferred work schedule by hours and days _____

9. Do you have a valid driver's license? _____ YES _____ NO

If so, indicate the license number. _____

10. Have you had your driver's license suspended or
revoked during the past 5 years? _____ YES _____ NO

11. Do you have any physical, mental or medical impairment
or disability that you will need work place accommodations
in order to perform assigned job responsibilities to your
maximum ability? _____ YES _____ NO

Section I Personal History (continued)

12. If you answered "Yes" to question 10 or 11, please explain fully below indicating by number to which question you are responding.

Section II Experience

13. In the areas below, please indicate your past work experience. Beginning with your most recent employment, list the previous jobs which you have held, including a brief description of the job duties performed. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Major volunteer work may be included as employment; be sure to indicate their volunteer nature, and supply other necessary information.

Present or Most Recent Job:

Employer's Name _____ Phone _____

Address _____

Length of Employment From: mo. _____ yr. _____ To: mo. _____ yr. _____

Reason for leaving: _____

Position (job title) _____ Salary: beginning _____ ending _____

Duties Performed _____

Next Most Recent Job:

Employer's Name _____ Phone _____

Address _____

Length of Employment From: mo. _____ yr. _____ To: mo. _____ yr. _____

Reason for leaving: _____

Position (job title) _____ Salary: beginning _____ ending _____

Duties Performed _____

Section II Experience (continued)

Employer's Name _____ Phone _____

Address _____

Length of Employment From: mo. _____ yr. _____ To: mo. _____ yr. _____

Reason for leaving: _____

Position (job title) _____ Salary: beginning _____ ending _____

Duties Performed _____

14. Have you been disciplined or fired by a previous employer? _____ YES _____ NO

If yes, explain. _____

Section III Education and Training

15. Can you read, write, speak and understand English? _____ YES _____ NO

16. Can you read, write, speak or understand other languages? _____ YES _____ NO

If yes, identify additional languages _____

17. Can you perform basic arithmetic skills? _____ YES _____ NO

18. Name and address of secondary and last school, colleges or universities attended.

19. Do you have a High School Diploma or Equivalent?	Yes	No	Dates Attended	Degree Obtained
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. If the position for which you are applying requires a license or certificate (other than a driver's license), please submit the following information:

Licensing Agency: _____ License No. _____

Date Issued: _____ Expiration Date: _____

Section III Education and Training (continued)

20. In the area below, please describe briefly any additional information or special qualifications you have for the position(s) for which you are applying (e.g., special machines or equipment you are qualified to operate; hobbies which have taught you special skills).

21. Briefly describe any additional information you feel may be helpful to us in considering your application.

Section IV Miscellaneous

22. References

In the area below, please list the names and address of three individuals, other than relatives, whom we may contact for the professional recommendation.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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23. I swear or affirm that the answers I have given to each of the questions in this application are complete and true to the best of my knowledge. I understand, if offered employment, that any false statement made on this application may result in my discharge.

My signature on this application provides full authorization for this Organization to make a background and/or a driver's license check with appropriate law enforcement agencies and a review of certain databases. The signature also authorizes the Organization to check past employment references and other information necessary to arrive at an employment decision.

Signature of Applicant

Date

Each applicant is given consideration for employment without regard to race, religion, color, national origin, sex, age, marital or veteran status or the presence of a non-job related medical condition or handicap.