



APPLICATION FOR EMPLOYMENT SANDUSKY COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

INSTRUCTIONS: Please fill out this employment application form completely and accurately. **Print** in a legible manner. Failure to complete certain portions of this form may result in disqualification.

LAST NAME: _____ FIRST NAME: _____ MID INITIAL: ____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE #: _____ CELL PHONE #: _____

SOCIAL SECURITY NUMBER: _____

APPLICATIONS ARE FILED ACCORDING TO SPECIFIC JOB OPPORTUNITIES POSTED. SANDUSKY COUNTY DOES NOT ACCEPT OR MAINTAIN ON FILE UNSOLICITED APPLICATIONS.

Date of Application: _____

Specify the name of the advertised position you are applying for: _____

How did you find out about this position? (please check one or more)

- Sandusky County Human Resources
- Posting on Sandusky County Bulletin Board
- Newspaper (name of publication: _____)
- Internet (name of website: _____)
- Other (please list) _____

What is your minimum salary requirement? _____

What is the earliest date you will be able to accept employment? _____

Do you meet the minimum qualifications and can you perform the job duties related to the specific job for which you are applying? Yes No

Do you have any commitments to anyone which might affect immediate employment with this organization?
 Yes No

If yes, explain: _____



APPLICATION FOR EMPLOYMENT

1. Are you under 18 years of age? Yes No
2. Have you ever filed an application for employment with Sandusky County?
If yes, were you ever interviewed for employment? Yes No
3. Have you ever been employed by the State of Ohio or any of its political
subdivisions such as Cities, Villages, Townships, Counties, Fire Districts, etc.? Yes No
4. Have you ever been employed by this organization? Yes No
5. Do you have a relative who is currently employed by Sandusky County? Yes No

If you have answered yes to questions 2, 3, 4, or 5, please explain: _____

High School Attended: _____

Address: _____

Did you graduate? Yes No High school equivalent? Yes No

College or trade school attended: _____

Address: _____

Dates of Attendance: _____ to _____

Did you graduate? Yes No Degree: _____

Graduate school attended: _____

Address: _____

Dates of Attendance: _____ to _____

Did you graduate? Yes No Degree: _____



SCBDD

Please describe any coursework or technical training you have received which will better enable you to perform the job for which you are applying. Include any licenses or certifications you have obtained that will relate to your work.

If you have received any other training not mentioned above, please describe. Include any equipment or instruments you can operate, any foreign language skills, or any other skills you possess which better indicate your ability to perform the job for which you are applying.



EMPLOYMENT HISTORY

Please describe your employment history (Including military service). Begin with your most recent or present employer.

Present or most recent job: _____

Company or Employer's Name: _____ **Address:** _____

City/State/Zip code: _____ **Phone:** _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ to End: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.

Company or Employer's Name: _____ **Address:** _____

City/State/Zip code: _____ **Phone:** _____

Supervisor or Personnel Director's Name: _____

Dates Employed: Start: _____ to End: _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.



SCBDD

EMPLOYMENT HISTORY

Company or Employer's Name: _____ **Address:** _____

City/State/Zip code: _____ **Phone:** _____

Supervisor or Personnel Director's Name: _____

Dates Employed: **Start:** _____ **to End:** _____

Describe your reason for leaving: _____

Job Title or Position: _____

Describe your duties and responsibilities, equipment operated, instruments used, etc.



TO BE COMPLETED BY APPLICANT

I do hereby give permission to the Sandusky County Board of Developmental Disabilities to seek information concerning any employment experience. I have been employed by the employers listed on my job application and give the following permission to release any job-related information requested by Sandusky County to determine whether I am suited for employment by them.

EMPLOYERS AUTHORIZED TO RELEASE INFORMATION

1. _____
2. _____
3. _____
4. _____
5. _____

I understand the Sandusky County Board of Developmental Disabilities will verify information obtained from my job application, resume, and other related documents. It is my understanding that Sandusky County may make a thorough investigation of my entire employment history and I release from liability any person giving or receiving any such lawful information.

I have read and understand the authorization granted above and agree to the same as a condition of my prospective employment.

Applicant's Signature: _____

Date: _____

Note: Former employer will be receiving a copy of the signed authorization if requested. The original authorization will be retained in the applicant's records for future use.



APPLICANT BACKGROUND INVESTIGATION

Positions with Sandusky County Board of Developmental Disabilities require that an individual's past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment but after an accepted offer of employment with the Sandusky County Board of Developmental Disabilities, individuals selected for hire will undergo a background check with a local law enforcement agency.

I further understand if applying for a position with the Sandusky County Board of Developmental Disabilities, individuals selected for hire will undergo a background check with law enforcement agencies at the federal and/or state level as well as local.

I authorize the release of any police record information in my name, to the Sandusky County Human Resource Office / Sandusky County Board of Developmental Disabilities.

Your Last Name: _____ Middle Name: _____

Last Name: _____

List any other NAMES you have used during the previous five (5) years: _____

List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years: _____

Social Security Number: _____

Signature: _____

REPORT:

OFFICIAL: _____

DATE: _____



SANDUSKY COUNTY

Commissioners, Human Resources, Risk Management

REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public law 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

REQUESTED BY: Sandusky County Human Resources

To Whom It May Concern:

The following has made an application with Sandusky County. In accordance with Section 391.23, of the Federal Department of Transportation Regulations, please furnish the above named with the applications driving record for the last three (3) years.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Driver's License Number: _____

State License Issued In: _____

Signature of Applicant: _____

I GRANT PERMISSION TO SANDUSKY COUNTY TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.

622 Croghan St., Fremont, Ohio 43420 – Commissioners' Phone (419)334-6100 ~ Fax (419)334-6104
Human Resources and Risk Management Phone (419)334-6108 ~ Fax (419)334-6104
Commissioner's Offices are located in the Historic Sandusky County Jail



SANDUSKY COUNTY BOARD OF DEVELOPMENTAL DISABILITIES is an equal opportunity employer and selects the best matched individual for any job based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, handicap, or other protected groups under state, federal or local Equal Opportunity Laws.

1. I understand and accept that if any information required in this application (and attached resume, if any) is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Your Initials: _____

2. I understand and accept that Sandusky County will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Sandusky County and I release from liability any person giving or receiving any such lawful information. I understand the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired.

Your Initials: _____

3. I understand and accept, if offered a position, I agree to authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job for which I am being considered, prior to employment or in the future during my employment with Sandusky County.

Your Initials: _____

4. I understand and accept, although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

Your Initials: _____

5. I understand and I am aware of the employer's Drug-Free Workplace Policy, and I understand it is a condition of employment. I have received a copy of Sandusky County's Drug-Free Workplace Statement and Policy.

Your Initials: _____

I further understand and agree that pursuant to Ohio Administrative Code Section 5123:2-2-02, the Sandusky 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 (5) 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 driving test prior to being hired.

Signature of Applicant: _____ **Date:** _____



SCBDD

**** READ CAREFULLY BEFORE SIGNING ****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SANDUSKY COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

Signature of Applicant: _____ Date: _____



EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

PLEASE COMPLETE AND SUBMIT THIS FORM WITH YOUR APPLICATION FORM.
COMPLETION OF ANY OF THE INFORMATION ON THIS FORM IS **OPTIONAL**.

The information requested on this form is voluntary and will be used solely and exclusively for the purpose of EEO compliance and reporting information concerning applicants and appointees to State and Federal Civil Rights Agencies in conformance with national and state laws, rules, and guidelines. SANDUSKY COUNTY is required to keep this form separate from all applications upon completion.

Classification/job for which you are applying: _____

Name: _____ Social Security Number: _____

Birth Date: _____ Male Female

CHECK ONE:

- A. White Persons having origin in any of the original people of Europe, North Africa, or the Middle East.
- B. Black People having origin in any of the Black racial groups.
- C. Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- D. American Indian or Alaskan Persons having origin in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- E. Asian/Pacific Islander Persons having origin in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or Pacific Island.
- F. Handicap Individual with physical condition that limits his/her ability to attain employment.
- G. Veteran Honorable service with one of the armed services.

Signature of Applicant: _____ Date: _____

Note: The form and content of this form were derived in compliance with Ohio Civil Rights Commission R4112-5-04 which permits employers to gather and compile the information contained above.



EMPLOYMENT APPLICATION ADDENDUM

CREDENTIALS

NAME: _____

For many positions, state certification, licensure, or registration requirements MUST be met. If you have current credentials, be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position(s) for which you have applied.

Have you ever held an Ohio Department of Education Certification? Yes No

Type: _____ Grade: _____ Expiration Date: _____

Type: _____ Grade: _____ Expiration Date: _____

Type: _____ Grade: _____ Expiration Date: _____

Have you ever held an Ohio Department of DD certification or registration? Yes No

Type: _____ Validation: _____

Grade: _____ Expiration Date: _____

Type: _____ Validation: _____

Grade: _____ Expiration Date: _____

Type: _____ Validation: _____

Grade: _____ Expiration Date: _____

Please list other certificates, registrations, or licenses you have. (Include Commercial Driver License (CDL) information.):

Have you ever had a certificate, license, or registration revoked or suspended? Yes No

If yes, please explain: _____

Signature of Applicant: _____ Date: _____



REFERENCE CHECK FOR EMPLOYMENT – PROFESSIONAL

REFERENCE RELEASE: "I, _____, authorize the release of the information
(your name)
requested below. I further agree to release all parties from any liability that could potentially arise from the release of
this information."

Signature of Applicant: _____ **Date:** _____

POSITION APPLIED FOR: _____

REFERENCE NAME: _____ TITLE: _____

AGENCY: _____ TELEPHONE: _____

FAX #: _____ EMAIL: _____

ATTENTION APPLICANT – DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE

1. How long has this person been employed with this agency and under what capacity have you known this person? _____

2. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains on task with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications (verbal and written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If separated from your firm, what was the reason? _____

4. If the opportunity existed, would you re-hire this individual? Yes No
If No, please explain: _____

Other comments you feel we should consider prior to recommending this applicant for employment? : _____

Signature of Person Releasing Above Reference: _____ **Date:** _____

Return to: Michelle Snyder, PHR Name of Person Checking Reference: _____

Please fax completed form to (419) 332-3049 or Email: msnyder@scbdd.org



REFERENCE CHECK FOR EMPLOYMENT – PROFESSIONAL

REFERENCE RELEASE: "I, _____, authorize the release of the information
(your name)
requested below. I further agree to release all parties from any liability that could potentially arise from the release of
this information."

Signature of Applicant: _____ **Date:** _____

POSITION APPLIED FOR: _____

REFERENCE NAME: _____ TITLE: _____

AGENCY: _____ TELEPHONE: _____

FAX #: _____ EMAIL: _____

ATTENTION APPLICANT – DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE

4. How long has this person been employed with this agency and under what capacity have you known this person? _____

5. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains on task with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications (verbal and written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If separated from your firm, what was the reason? _____

5. If the opportunity existed, would you re-hire this individual? Yes No

If No, please explain: _____

Other comments you feel we should consider prior to recommending this applicant for employment? _____

Signature of Person Releasing Above Reference: _____ **Date:** _____

Return to: Michelle Snyder, PHR Name of Person Checking Reference: _____

Please fax completed form to (419) 332-3049 or Email: msnyder@scbdd.org



REFERENCE CHECK FOR EMPLOYMENT – PROFESSIONAL

REFERENCE RELEASE: "I, _____, authorize the release of the information
(your name)
requested below. I further agree to release all parties from any liability that could potentially arise from the release of
this information."

Signature of Applicant: _____ **Date:** _____

POSITION APPLIED FOR: _____

REFERENCE NAME: _____ TITLE: _____

AGENCY: _____ TELEPHONE: _____

FAX #: _____ EMAIL: _____

ATTENTION APPLICANT – DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE

7. How long has this person been employed with this agency and under what capacity have you known this person? _____

8. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains on task with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications (verbal and written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If separated from your firm, what was the reason? _____

6. If the opportunity existed, would you re-hire this individual? Yes No

If No, please explain: _____

Other comments you feel we should consider prior to recommending this applicant for employment? : _____

Signature of Person Releasing Above Reference: _____ **Date:** _____

Return to: Michelle Snyder, PHR Name of Person Checking Reference: _____

Please fax completed form to (419) 332-3049 or Email: msnyder@scbdd.org



SANDUSKY COUNTY PERSONNEL POLICY AND PROCEDURE MANUAL

DRUG-FREE WORKPLACE

SECTION 5.13

Sandusky County is concerned with the effects drug abuse can have on employees, their families, and the employees' ability to perform their work safely and efficiently. The County furthermore believes that it is important, as a public entity, that it serve as a leader in the community in the war against drugs by establishing a policy prohibiting the manufacture, distribution, dispensation, possession, or use of controlled substances in the workplace. The following policy is intended to meet the above objectives and comply with the provisions of the Drug-Free Workplace Act of 1988.

A. Notice Upon Hiring:

1. As a condition precedent to hiring, all prospective employees shall receive a copy of the Employer's Drug-Free Workplace statement and policy and shall be required to sign an acknowledgment which shall become a permanent part of the employee's personnel file.
2. In addition, all prospective employees shall be required to acknowledge that they are aware of the Employer's Drug-Free Workplace policies and understand that it is a condition of employment.

B. Distribution of Drug-Free Workplace Policy: All current employees shall receive a copy of the Employer's Drug-Free Workplace statement and policy and shall be required to sign an acknowledgment which shall become a permanent part of the employee's personnel file.

C. Definitions: For purposes of this policy:

Employee - means any person (i.e., management, supervisory, or non-supervisory) who is paid in whole or in part by the Employer.

Controlled Substance - means any controlled substance contained in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812; or as defined in 3719.01 O.R.C.).

Conviction - means any finding of guilt, including a plea of nolo contendere (no contest), or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

Criminal Drug Statute - means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance. For purposes of this policy all definitions will be consonant with O.R.C. 3719.01 et seq. and O.R.C. 2925.01 et seq.



D. Distribution of Information: Each employee shall receive annually an information package containing:

1. Information concerning the dangers of drug abuse in the workplace;
2. A current copy of the SCAA's posted/published statement;
3. A current copy of the SCAA's Drug-Free Workplace Policy;
4. Information concerning any available drug counseling, rehabilitation, and employee assistance programs;
5. Information concerning the penalties that will be imposed for a breach of the Appointing Authority's Drug-Free Workplace Policy.
6. Notice to the employee that any work-related conviction of any federal or state criminal drug statute must be reported in writing to the Appointing Authority within five (5) calendar days after such conviction.

E. Regulations: The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee which takes place in whole or in part in the Appointing Authority's workplace is strictly prohibited and will result in criminal prosecution and discipline of the employee which may include termination from employment.

F. Notification of Conviction: Any employee convicted of any federal, state, or municipal criminal drug statute for a workplace-related drug offense must notify the Appointing Authority of such fact within five (5) calendar days of the conviction.

Any employee convicted of a workplace-related drug offense who fails to report the conviction as required herein may be:

1. Terminated from employment;
2. Forever barred from future employment.
3. Held civilly liable for any loss of federal funds resulting from the failure to report the conviction.