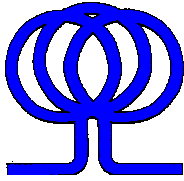


APPLICATION FOR EMPLOYMENT
Wayne County Board of Developmental Disabilities
266 Oldman Road
Wooster, Ohio 44691

- School
- Workshop
- Transportation
- Other
- Full Time
- Substitute

Ida Sue School



Nick Amster Workshop

Mission Statement

The mission of the Wayne County Board of Developmental Disabilities, in partnership with enrollees, families, staff, and the community, is to provide choices and options based on individual and family preferences enabling a quality of life satisfying to the individual in learning, living, working, and participation in the community.

Last Name, First Name

Thank you for your interest in employment with the Wayne County Board of Developmental Disabilities. The Board provides education, vocational training, residential services, support services, and transportation services for children and adults who are mentally retarded and developmentally disabled and live in Wayne County. These services are provided in several facilities located through the county.

The Wayne County Board of DD recruits, selects, trains, and retains people who share our commitment to providing quality services to individuals with mental retardation and developmental disabilities. People who are hired should demonstrate skills and abilities such as: respect for others, ability to resolve problems in a positive and productive way, interest in service, and commitment to excellence. If you have these values, please continue to complete this application.

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application.

HIRING PROCESS

When completed applications are received by the Superintendent's office, they are reviewed and made available to all components where appropriate openings exist.

Because there are generally more applicants than open positions, we cannot promise an interview for each applicant. Interviews will be scheduled by the components based upon the applicant's qualifications (e.g. education, related experience, etc.), date of application, position openings at that time, etc.

Following the initial interview with the administrator in the component, applicants may be recommended for an additional interview with the Superintendent. Though such interviews are scheduled promptly, the total process may take several weeks.

All applications will be kept on file for one year. If you are not hired, yet continue to have an interest in employment after a year, you should submit another application.

An Equal Opportunity Employer and Service Provider

PERSONAL INFORMATION

Please type or print clearly

Date _____

Name _____ Social Security Number _____
Last First Middle

Address _____
No. Street City State Zip Code

Home Phone # () _____ Cell Phone # () _____

Areas of interest School Workshop Transportation Other _____

Are you interested in Full-Time Substitute Date available to start work? _____

Do you currently work for any other Wayne County agency? Yes No

Have you worked for this agency before? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain: _____

EMPLOYMENT HISTORY

(List most recent first) Use additional sheet if necessary

Name of Employer _____ Telephone No. () _____

Address _____
No. Street City State Zip Code

Name and Title of Supervisor _____

Job Title _____ Date of Employment ____ to ____ Salary: beginning ____ ending ____

Describe responsibilities _____

Reason for leaving _____

Name of Employer _____ Telephone No. () _____

Address _____
No. Street City State Zip Code

Name and Title of Supervisor _____

Job Title _____ Date of Employment ____ to ____ Salary: beginning ____ ending ____

Describe responsibilities _____

Reason for leaving _____

Name of Employer _____ Telephone No. () _____

Address _____
No. Street City State Zip Code

Name and Title of Supervisor _____

Job Title _____ Date of Employment ____ to ____ Salary: beginning ____ ending ____

Describe responsibilities _____

Reason for leaving _____

REFERENCES

List three references, excluding former employers or relatives, who this agency has permission to contact.

| Name | Occupation | No. | Street | City | State | Zip | Telephone No. |
|------|------------|-----|--------|------|-------|-----|---------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

EDUCATION

| Name | Complete Name and Address | Yrs. Completed (Circle) | | | | Graduated (Circle) | | 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 or Trade* | | 1 | 2 | 3 | 4 | Yes | No | | |
| Other | | 1 | 2 | 3 | 4 | Yes | No | | |

*Transcripts may be requested for those positions requiring such

CERTIFICATION/LICENSURE/REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. 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.

Do You Have:

Certification from the Ohio Department of Education?

Yes No

Type/Grade

Expiration Date

Adult Services/Support and Service Administration/Certification/Registration from the Ohio Department of Developmental Disabilities?

Yes No

Type/Grade

Expiration Date

Other certificates, licenses or registrations that qualify you for the position(s) for which you have applied?

Yes No If yes, please list the information in the following space.

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

If necessary, I will take courses required for Certification/Registration by the Ohio Department of Education and/or the Ohio Department of Developmental Disabilities. I understand that these may be college courses and that I will be responsible for any additional costs above and beyond the allotted amount for Tuition Reimbursement. Yes No

I grant my permission to have this application and any enclosures duplicated and distributed for recruitment purposes. Yes No

Do you have a relative that works for the Wayne County Board of DD? Yes No
If so, what is their relation to you? _____

ADDITIONAL INFORMATION

Please summarize other experiences, skills or qualifications, which you feel, would qualify you for the position(s) for which you have applied.

Have you ever been convicted of, or are you now being charged with, any criminal or traffic offenses (other than a traffic offense which the penalty was/is a fine of \$100 or less)? ___Yes ___No if yes, please attach an explanation to this application.

Have you been a continuous Ohio resident for the past five years? ___Yes ___No

At the time of actual employment and consistent with provision of O.R.C. 109.57, verification of the response to these questions will be obtained from the Ohio Bureau of Criminal Identification and Investigation and other agencies. The verification process will require submission of fingerprints. Information obtained about convictions/charges will be evaluated to determine the nature of the offense is manifestly inconsistent with the position sought.

My signature attests both to the fact that the information that I provided herein is correct and to my understanding that falsification of information shall be grounds for not considering this application or for dismissal if employed.

I authorize all persons listed as "references" on this application to provide a personal evaluation of my abilities and potential for the position for which I am a candidate. I acknowledge that this information is confidential and I waive my right to access any information received. I certify that all statements on this application are true and complete. I understand that false or incomplete information may result in disqualification or dismissal.

Signature of applicant

Date

ONLY APPLICATIONS THAT ARE COMPLETED IN FULL AND ARE LEGIBLE WILL BE CONSIDERED

AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER