

# Lawrence County Developmental Disabilities

604 Carlton Davidson Lane, Coal Grove, Ohio 45638

Phone (740) 532-7401 or 800-231-6733

Fax (740) 532-7356

Email Address: business@lawrencedd.org

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## APPLICATION FOR EMPLOYMENT

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First, Middle, Last

### TO ALL APPLICANTS:

Thank you for your interest in employment with Lawrence County Developmental Disabilities. When completing your application, answer all questions thoroughly. Type or print clearly. If you need assistance completing the application, please contact the Business Office. Be sure your signature and the date appear on the last page of the application and return the completed application to the Business 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 reviewed by the Business 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 Program Administrator will schedule interviews based upon the applicant's qualification 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:

LCDD is required by law to conduct criminal background checks on new employees. If you are under final consideration for employment, 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 LCDD'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:

The Board provides equal opportunity for employment, training, and advancement regardless of gender, race, creed, color, age, national origin, religion, disability, or any other factors unrelated to the essential duties of the position.

**Lawrence County DD**

604 Carlton Davidson Lane Coal Grove, OH 45638

Phone: 740-532-7401 Fax: 740-532-7356

Send completed application to: [business@lawrencedd.org](mailto:business@lawrencedd.org)

**APPLICATION FOR EMPLOYMENT**

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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please list other names used needed to verify employment records:  
\_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you prevented from lawfully becoming employed in the United States because of VISA or Immigration Status?  Yes  No *If hired, verification will be required by law.*

Position(s) applied for: (Please be specific) \_\_\_\_\_

Date you are available to start: \_\_\_\_\_ Salary or wages desired: \$ \_\_\_\_\_

Have you worked for LCDD before?  Yes  No If yes, when? \_\_\_\_\_

Position \_\_\_\_\_

Have you ever been employed in a State, County or City Service in Ohio?  Yes  No If yes, list employers: \_\_\_\_\_

Have you ever pleaded guilty to or been convicted of a crime?  Yes  No If yes, list all convictions: \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment)

Do you have a valid driver's license?  Yes  No

Do you have a current, valid Ohio Driver's license?  Yes  No

Commercial Driver's license?  Yes  No

Have you ever served in the U.S. Armed Services?  Yes  No If yes, what branch:  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Type	Complete Name and Address	Years Completed (Circle)	Graduated (Circle)	Diploma/Degree Major
High School/GED*		9 10 11 12	Yes No	
College*		1 2 3 4	Yes No	
Post Graduate*		1 2 3 4	Yes No	
Business/Trade or Other*		1 2 3 4	Yes No	

\*Please submit transcripts (copies for application-official transcripts necessary at time of hire)

**Computer Skills:** PC Windows Microsoft Office Microsoft Word Excel  
 Databases Internet Others (list) \_\_\_\_\_

**Office Skills:** Typing Filing Accounting Multi-line phone system Fax  
 Copier Data Entry Shorthand Others (list) \_\_\_\_\_

**Maintenance Skills:** Electrical Plumbing HVAC Carpentry Masonry Painting  
 Plastering Janitorial Engines Others (list) \_\_\_\_\_

Please list any pertinent skills and/or additional training: \_\_\_\_\_  
 \_\_\_\_\_

Describe training: \_\_\_\_\_  
 \_\_\_\_\_

**\* CERTIFICATION/LICENSURE/REGISTRATION**

For many positions, state certification, licensure or registration requirements MUST be met. Enclose copies of the applicable document(s) and complete the information below if relevant to the position(s) for which you have applied.

**Certification from the Ohio Department of Education:**

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certification or Registration from the Ohio Department of DD:**

Type \_\_\_\_\_ Validation \_\_\_\_\_ Level \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Other:**

Type \_\_\_\_\_ Validation \_\_\_\_\_ Level \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your current position first, then most recent, etc. Use additional sheet if necessary. If your job title or duties changed during employment with any one employer please list as separate employers. A resumé may not be used as a substitute for completing this application.

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Name & Title of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Full-time  Part-time

Describe Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Name & Title of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Full-time  Part-time

Describe Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Name & Title of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  Full-time  Part-time

Describe Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MISCELLANEOUS**

Have you ever been discharged, disciplined or requested to resign from a position:  Yes  No If yes, explain: \_\_\_\_\_

Do you have any relatives employed by the Board?  Yes  No If yes, what location and who? \_\_\_\_\_

**REFERENCES**

(Please list 3 individuals whom we may contact for a professional or personal recommendation, **excluding relatives.**)

FULL NAME	HOME OR BUSINESS ADDRESS	TELEPHONE NUMBER(S)
1.		
2.		
3.		

**APPLICANT'S AGREEMENT AND RELEASE**

I certify that I have read and understand the instructions 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, omissions or misrepresentations of material fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment.

I understand that failure to pass an alcohol or drug screen test at any time during my employment may result in immediate discharge from LCDD.

I authorize LCDD and/or its agents, including consumer-reporting agencies to verify any of this information by searching appropriate information and record sources. I authorize all employers unless restricted, 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 further release LCDD any and all claims of action arising out of the Board's efforts to verify the information I have provided in this application and/or its determination of my qualifications and abilities.

I confirm that I meet all the requirements as stated on the job posting(s) for the position(s) for which I am applying.

I understand and agree that as a condition of employment, I shall 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 LCDD's employees responsible for initial screening, interviewing, recommending applicants for employment, and to employees responsible for personnel records and reports, or disclosed as otherwise required by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Lawrence County Board of Developmental Disabilities is an Equal Employment Opportunity Employer. It does not discriminate on the basis of sex, race, color, age, sexual orientation, national origin, religion, ancestry, disability, or veteran status.**

# Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

*(PLEASE PRINT)*

DATE \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative     Walk-In  
 Employment Agency     Other \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:             Male                       Female

Check one of the following:

Race/Ethnic Group:     White     Black     Hispanic  
 American Indian/Alaskan Native     Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran                       Disabled Veteran                       Handicapped Individual