

The Guernsey County Board of Developmental Disabilities MUST have a copy of the following to make your application complete:

- ❖ Resume
- ❖ Social Security Card
- ❖ Valid Ohio Driver's License
- ❖ High School Diploma or GED; College Diploma (if applicable)
- ❖ If you are unable to get copies made of the documentation requested, please bring all documents with you when returning this application and we will copy them for you.

**YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ABOVE DOCUMENTATION.**



# Ohio Civil Service Application for State and County Agencies

GEN-4268 (REVISED 11/15)

The State of Ohio Is an Equal Opportunity Employer and provider of ADA services.

POSITION:	AGENCY:	POSITION NUMBER:
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Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		DATE OF BIRTH - Year Not Required Month                      Day
ADDRESS: (Street, City, State, ZIP Code)		
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
DRIVER'S LICENSE: (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No    STATE:	CLASS:	LEGAL RIGHT TO WORK IN THE U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PREFERENCES**

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
SHIFTS YOU WILL ACCEPT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	

**EDUCATION**

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		OBTAINED GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

**EMPLOYMENT HISTORY**

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume **in addition** to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. **If you need additional space, attach extra sheets to this application.**

DATES: From:                      To:	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From:                      To:	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From:                      To:	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

**EMPLOYMENT HISTORY (Continued)**

<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>ADDRESS:</b> (Street, City, ZIP Code) _____		
<b>COMPANY URL:</b> _____	<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b> _____		
<b>REASON FOR LEAVING:</b> _____		
<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>ADDRESS:</b> (Street, City, ZIP Code) _____		
<b>COMPANY URL:</b> _____	<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b> _____		
<b>REASON FOR LEAVING:</b> _____		
<b>CERTIFICATES AND LICENSES</b>		
<b>TYPE:</b> _____		
<b>LICENSE NUMBER:</b> _____	<b>ISSUING AGENCY:</b> _____	
<b>TYPE:</b> _____		
<b>LICENSE NUMBER:</b> _____	<b>ISSUING AGENCY:</b> _____	
<b>SKILLS</b>		
<b>OFFICE SKILLS:</b> Typing Speed: _____ Data Entry Speed: _____		
<b>COMPUTER SKILLS:</b> _____		
<b>OTHER SKILLS:</b> _____		
<b>LANGUAGE(S):</b> _____		

The purpose of questions 1-9 is to obtain information relevant to employment with the State of Ohio.

**Responses to these questions are required.**

1. Please indicate your county of residence.
2. Summary of Qualifications - In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position or examination. If you need additional space, attach an extra sheet to this application.
3. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. Note: A transcript may not be substituted for this section, although you may be required to submit a transcript.
4. Are you a current State of Ohio employee?
  - Yes, I'm a permanent employee
  - Yes, I'm an interim or intermittent employee
  - Yes, I'm a temporary, seasonal or project employee
  - Yes, I'm a fixed term or established term employee
  - No, I'm not a State of Ohio employee
5. If you are a current State of Ohio employee, please provide your eight (8) digit, OAKS ID number. If you are not a current State of Ohio employee, please type N/A.
6. If you are not a current State of Ohio employee, have you ever been employed by the State of Ohio? (If you are a current State of Ohio employee, please select N/A.)  Yes  No  N/A
7. If you were previously employed by the State of Ohio, please choose one of the following:
  - Employment ended prior to 12-01-2004.
  - Employment ended on or after 12-02-2004.
  - N/A - Not previously employed by the State of Ohio or current state employee.
8. If you were previously employed by the State of Ohio, have you ever plead guilty of been convicted of a misdemeanor, for violation of Ohio Revised Code 1347.15 (H)(1) and/or (H)(2) - Access rules for confidential personal information?
  - Yes  No  N/A
9. How did you learn about this **employment opportunity**?

<input type="checkbox"/> careers.ohio.gov	<input type="checkbox"/> Facebook	<input type="checkbox"/> Trade Journal
<input type="checkbox"/> GovernmentJobs.com	<input type="checkbox"/> Twitter	<input type="checkbox"/> Career/Recruitment Fair
<input type="checkbox"/> Indeed.com	<input type="checkbox"/> LinkedIn	<input type="checkbox"/> State of Ohio Employee Referral
<input type="checkbox"/> Other Job Board	<input type="checkbox"/> Other Social Media	

#### CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF OHIO  
EQUAL EMPLOYMENT OPPORTUNITY

Responses to questions 10-15 are OPTIONAL. These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Position Number: \_\_\_\_\_

10. OPTIONAL: Sex

- Male       Female

11. OPTIONAL: Please select your age group.

- Under 18  
 18-25  
 26-39  
 40-54  
 55-69  
 70+

12. OPTIONAL: Race/Ethnicity

- WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa
- HISPANIC or LATINO: All person or Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).
- NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).
- AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER: Please self define. \_\_\_\_\_

13. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

- Yes       No

14. OPTIONAL: Are you a veteran?

- Yes       No

15. OPTIONAL: If you answered Yes to the previous question, please indicate if you or more of the following apply.

- MILITARY STATUS: The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.
- DISABLED VETERAN: A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- DESERT STORM/SHIELD VETERAN: A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- VIETNAM ERA VETERAN: A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.

As an applicant for employment with the Guernsey County Board of Developmental Disabilities, I understand and agree that the Board may make a thorough investigation of my past employment and activities through communication with any or all of my former employers listed on my application. (This may include, but not limited to a motor vehicle operator and police record investigations.) Further, I understand and agree that because of the nature of the Board's programs, the Board shall require a pre-employment physical examination, which will include drug and alcohol screen testing.

I hereby authorize the Guernsey County Board of Developmental Disabilities to obtain the information regarding my services, character, conduct, etc. from any or all of my former employers listed on my application.

I further release the Board or others from any liability or damages, which may result from the exchange of the information requested.

I also certify that all statements contained herein or at any step of the employment process are true, complete, and correct to the best of my knowledge. I UNDERSTAND A FALSE ANSWER MAY BE GROUNDS FOR DISMISSAL FROM EMPLOYMENT WITH THE BOARD.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**An Equal Opportunity/Affirmative Action Employer**

**Office Use Only (We shall appreciate your replies to the following questions)**

Sent to: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_, has applied for employment as a/an \_\_\_\_\_ with our program and has given us permission (see above) to contact you as an employer reference.

**Please indicate below your evaluation of the above named:**

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Ability				
Personality				
Compatibility				
Attendance				
Evaluations				

Would you re-employ? \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Are there any additional comments which you feel are important in evaluating the above named, please indicate your comments below:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**LIABILITY RELEASE**

Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

In connection with my application for employment with Guernsey County Board of Developmental Disabilities, and by affixing my signature hereto, I am authorizing the release of any and all information to be made available to Guernsey County Board of DD, concerning my work habits, employment records, medical records, and personal conduct and character including any confidential or privileged information, which may be available.

Additionally, I release from all liability and claim of damages, Guernsey County Board of DD and any agency, firm, organization, or individual providing such information to Guernsey County Board of DD. Further, it is understood that all the personal information completed as a result of this release shall be used for the exclusive purpose of evaluating my candidacy for employment with Guernsey County Board of DD.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**REFERENCES**

**Please list at least three (3) references which include personal and professional.**

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**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Personal and/or Professional:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Personal and/or Professional:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Personal and/or Professional:** \_\_\_\_\_

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