

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:	

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 or 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**?
 careers.ohio.gov Facebook Trade Journal
 GovernmentJobs.com Twitter Career/Recruitment Fair
 Indeed.com LinkedIn State of Ohio Employee Referral
 Other Job Board 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.

Name: _____

Address: _____

Telephone: _____

Personal and/or Professional: _____

Name: _____

Address: _____

Telephone: _____

Personal and/or Professional: _____

Name: _____

Address: _____

Telephone: _____

Personal and/or Professional: _____
