



Scioto County Developmental Disabilities Employment Application

*The SCBDD is an Equal Opportunity Employer
and provider of ADA Services
(Revised 8/2017)*

NOTICE:

- Please submit one application per position. If responding to a specific posting, please be sure your application is received by Human Resources (VRS, Room 209) before the deadline specified by the posting.
- Please complete the entire form. Applications lacking sufficient information will not be processed.
- All positions at the SCDD require at a minimum a High School Diploma or its equivalent.
- Once submitted to the SCDD, this completed form is subject to all applicable public records laws.
- All applicants who are offered a position will be subject to a number of background checks, including: fingerprinting, drug screening, driving record review, contact with professional references, education verification and electronic database checks. Actual employment is dependent upon the successful completion of this screening process.

Please Type or Print Clearly in Ink

POSITION OF INTEREST:

YOUR NAME:

ADDRESS: *(Street, City, State, ZIP Code)*

PREFERRED PHONE NUMBER:

ALTERNATE PHONE NUMBER:

EMAIL ADDRESS:

JOB PREFERENCES

PREFERRED SALARY:	TYPE OF JOB: <i>(Check all that apply)</i> <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Week Days <input type="checkbox"/> Weekends <input type="checkbox"/> On-Call	LEGAL RIGHT TO WORK IN U. S.:
		Do you have the legal right to work in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

HIGH SCHOOL NAME: _____	DID YOU GRADUATE OR OBTAIN A GED:
ADDRESS: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

POST-HIGH SCHOOL EDUCATION

NAME & LOCATION OF INSTITUTION ATTENDED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DEGREE/CERTIFICATION RECEIVED:
	MAJOR:
NAME & LOCATION OF INSTITUTION ATTENDED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DEGREE/CERTIFICATION RECEIVED:
	MAJOR:
NAME & LOCATION OF INSTITUTION ATTENDED:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DEGREE/CERTIFICATION RECEIVED:
	MAJOR:

EMPLOYMENT HISTORY

APPLICANT: 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 a position with SCDD, you must fill in the information below accurately and completely. You may submit a résumé in addition to completing this section. If you need more space, extra pages may be attached to this application.

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION/TITLE: _____
ADDRESS: (Street, City, State, Zip Code) _____		
EMPLOYER'S WEBSITE: _____	PHONE NUMBER: _____	YOUR SUPERVISOR: _____
HOURS WORKED PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO
REASON FOR LEAVING: _____		

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION/TITLE: _____
ADDRESS: (Street, City, State, Zip Code) _____		
EMPLOYER'S WEBSITE: _____	PHONE NUMBER: _____	YOUR SUPERVISOR: _____
HOURS WORKED PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO
REASON FOR LEAVING: _____		

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION/TITLE: _____
ADDRESS: (Street, City, State, Zip Code) _____		
EMPLOYER'S WEBSITE: _____	PHONE NUMBER: _____	YOUR SUPERVISOR: _____
HOURS WORKED PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO
REASON FOR LEAVING: _____		

This application may be filled out on-line. To submit it, you must print it out, sign it and return it to SCBDD in one of these ways: 1) Scan and email to sciotocountydd@sciotodd.org; 2) FAX to 740-354-5852; or 3) Mail or hand-deliver to SCBDD, HR Office, 2619 Gallia St, Portsmouth, OH 45662.

EMPLOYMENT HISTORY (CONTINUED)

DATES: From: _____ To: _____	EMPLOYER:	POSITION/TITLE:
ADDRESS: <i>(Street, City, State, Zip Code)</i>		
EMPLOYER'S WEBSITE:	PHONE NUMBER:	YOUR SUPERVISOR:
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:		

DATES: From: _____ To: _____	EMPLOYER:	POSITION/TITLE:
ADDRESS: <i>(Street, City, State, Zip Code)</i>		
EMPLOYER'S WEBSITE:	PHONE NUMBER:	YOUR SUPERVISOR:
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:		

DATES: From: _____ To: _____	EMPLOYER:	POSITION/TITLE:
ADDRESS: <i>(Street, City, State, Zip Code)</i>		
EMPLOYER'S WEBSITE:	PHONE NUMBER:	YOUR SUPERVISOR:
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES

TYPE:	
LICENSE NUMBER:	ISSUING BOARD/AGENCY:
TYPE:	
LICENSE NUMBER:	ISSUING BOARD/AGENCY:

SKILLS

Briefly describe any additional experience, education, training, skills or other factors that qualify you for the position for which you are applying. Attach other sheets of paper, as needed.

Technological/Computer Skills:	Office Skills:	Languages:
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Other:

PUBLIC EMPLOYEE DISCLAIMER

1. Public Employment:

YES NO I am a current employee of the State of Ohio, a political subdivision, or a school district.

YES NO I am a past employee of the State of Ohio, a political subdivision, or a school district.

YES NO I am an elected official. I serve as: _____

2. YES NO I have relatives currently employed by the Scioto County Board of DD and have listed them below.

Name:	Relationship to you:	Position/Department:

3. YES NO I have relatives currently serving on the Scioto County Board of DD or the County Board of Commissioners, and have listed them below.

Name:	Relationship to you:	Position/Department:

4. YES NO I am employed by, have an ownership interest in, or serve on the board of an entity which contracts with SCBDD. If yes, please name the entity below.

YES NO I am employed by, have an ownership interest in and/or provide administrative services to or serve on the governing board of an entity, named below, which provides direct services to people with DD.

Business Name:	Relationship to you:	Summary of Services:

5. YES NO I have family members and/or business associates who own, are employed by or have a business interest in an entity which contracts with SCBDD.

YES NO I have family members and/or business associates who own, are employed by or have a business interest in an entity which provides direct services to people with DD.

If you answered 'YES' to either of these questions, please, name the entity and provide the information requested below.

Business Name:	Name of Relative/Associate & Relationship:	Summary of Services:

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, I will be disqualified automatically. I understand that a number of background checks will be required prior to employment. I waive all provisions of law forbidding any past employers, and educational entities which I attended, from disclosing any information which they acquired relevant to my employment or enrollment. I consent that they may disclose such information to appropriate officials of the Scioto County Board of Developmental Disabilities, which holds the vacancy for which I am applying and 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 and Reform and Control Act and the results of certain background checks.

Signature of Applicant: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Position Applied For: _____ Date: _____

Responses to the questions on this page are **OPTIONAL** and strictly **VOLUNTARY**. These questions are included to assist the SCBDD's equal opportunity employment opportunity efforts. Your responses, or not responding at all, will in no way affect the processing of your application or our consideration of you for employment. Human Resources staff will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

1. **OPTIONAL: Gender**
 Male Female
2. **OPTIONAL: Please select your age group**
 Under 18
 18-25
 26-39
 40-54
 55-69
 70+
3. **OPTIONAL: Race/Ethnicity**
 WHITE or CAUCASIAN: 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 persons of 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 ALASKA 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: _____
4. **OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?** YES NO
5. **OPTIONAL: Are you a veteran?** YES NO
6. **OPTIONAL: If you answered 'YES' to the previous questions, please indicate if one 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 who 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
7. **How did you learn about employment at the Scioto County Board of DD?**
 Ohioeansjobs.com Newspaper SCDD employee: _____
 Sciotocountydd.org OACBDD website Political or public official: _____
 SCDD Facebook SCDD stakeholder Other: _____