



Employment Application

Stark County Board of Developmental Disabilities
2950 Whipple Avenue NW
Canton, Ohio 44708
330-477-5200

Date: ___/___/___

Our Agency is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

Name (Last, First, Middle Initial, Maiden) Phone

Address (Street, City, State, Zip) Email

Position Desired Vacancy Number (If Known)

Referral Source: Internet / Website Advertisement Employee / Relative Walk-In

Name of Source (if applicable):

PROFESSIONAL REFERENCES (No relatives please)

Table with 3 rows and 2 columns: Name, Company / Relationship / Address / City / State / Zip Code / Phone / Email

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Stark County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency.

Do you have or can you obtain a valid Ohio Driver's License? Yes No

Have you ever been employed in the state or county service of Ohio? Yes No

If so, by whom:

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 entirety, it will not be processed and I will be automatically disqualified.

Social Security # (Voluntary) Signature Date

EDUCATION (Circle Highest Grade Completed)

GED	Yes No N/A	School Name / Address / City / State	Year Obtained
High School	1 2 3 4	School Name / Address / City / State	Graduation Year
College	1 2 3 4	School Name / Address / City / State / Degree Earned	Graduation Year
Graduate School	1 2 3 4	School Name / Address / City / State / Degree Earned	Graduation Year

EMPLOYMENT EXPERIENCE

In the areas below, please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included employment. **Please note:** In order 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.

Employer Name	Phone	Address / City / State	Supervisor's Name & Title	Job Title
Start Date	End Date	Salary	Currently Employed	Reason for Leaving
Employer Name	Phone	Address / City / State	Supervisor's Name & Title	Job Title
Start Date	End Date	Salary	Currently Employed	Reason for Leaving
Employer Name	Phone	Address / City / State	Supervisor's Name & Title	Job Title
Start Date	End Date	Salary	Currently Employed	Reason for Leaving

TRAINING AND OTHER QUALIFICATIONS

Do you have any special certifications or licenses (including a CDL):	
List computer software you have skill, including word processing, spreadsheet and database programs:	
List special clerical skills, including typing speed:	
List any additional relevant skills you have:	

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VOLUNTARY APPLICANT SURVEY

Note: We request the information below in order to assist our equal employment opportunity efforts. This information is **voluntary**. The agency will process this survey separately from the employment application and use the information for statistical purposes only.

Name _____ Date _____

Gender: Male Female

If you are applying for a specific position, please indicate:

Job Title _____ Department _____

How did you learn about this position?

<input type="checkbox"/>	Stark DD website	<input type="checkbox"/>	Ohio Means Jobs
<input type="checkbox"/>	College listing	<input type="checkbox"/>	Other website, eg. Monster.com or StarkJobs.com
<input type="checkbox"/>	Direct E-mail recruitment	<input type="checkbox"/>	Stark County Government Listing
<input type="checkbox"/>	Employee Referral	<input type="checkbox"/>	Urban League
<input type="checkbox"/>	Linked In	<input type="checkbox"/>	Veterans Administration
<input type="checkbox"/>	Newspaper advertisement	<input type="checkbox"/>	Walk In
<input type="checkbox"/>	Ohio Dept. of Education	<input type="checkbox"/>	Other

Race:

- White – Persons having origins in any of the original peoples of Europe or Middle East
- Black - Persons having origins in any of the black racial groups of Africa
- Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin, regardless of race.
- Native American/Alaskan Native – Persons having origins in any of the original Peoples of North America, and who maintain cultural identification through Tribal affiliation or community recognition.
- Asian/Pacific Islanders – Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.

Veteran Status:

Are you a Veteran? Yes No