

Application for Employment

Carroll County Board of Developmental Disabilities
P.O.Box 429
Carrollton, OH 44615



It is the policy of the company to provide equal opportunity to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, gender, disability, veteran status, age or any other protected characteristic.

Name _____
 Phone _____
 Address _____
 City/State/Zip _____
 Position applied for _____
 Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying:

For Office Use Only
 Applicant # _____
 Employee # _____
 Hire Date _____
 Position _____
 Rate _____
 Class _____
 Skill _____
 Other _____

Would you accept full-time work? Yes No
 Would you accept part-time work? Yes No
 On what date would you be available for work? _____
 Have you ever been employed here before? Yes No
 Dates _____
 Do you have legal right to be employed in U.S. ? Yes No
 (if yes, proof is required if hired.)
 If you are under 18, can you provide a work permit if required? Yes No

- Attachments**
- Resume`
 - Applicant Reference Check
 - Applicant Interview
 - Payroll Change Notice
 - Employee DataCard

Educational Background

High School:
 Name and Location _____
 Did you graduate? Yes No Diploma or GED _____

College:
 Name and Location _____
 Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School:
 Name and Location _____
 Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational, or other, training
 Name and Location _____
 Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Previous Employers and Addresses

Place an X in the box by the employer (s) you do not want us to contact. List the most recent employer first.

1 Company Name _____ Phone (____) _____
 Contact Name _____ Employed From _____
 Address _____ To _____
 Position _____ Last Wage _____
 Reason for Leaving _____

2 Company Name _____ Phone (____) _____
 Contact Name _____ Employed From _____
 Address _____ To _____
 Position _____ Last Wage _____
 Reason for Leaving _____

3 Company Name _____ Phone (____) _____
 Contact Name _____ Employed From _____
 Address _____ To _____
 Position _____ Last Wage _____
 Reason for Leaving _____

4 Company Name _____ Phone (____) _____
 Contact Name _____ Employed From _____
 Address _____ To _____
 Position _____ Last Wage _____
 Reason for Leaving _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

Applicant's Signature _____ Date _____

ATTACHMENT TO EMPLOYMENT APPLICATION

Are you a member of the immediate family of any person serving on the Carroll County Board of Developmental Disabilities or any person serving on the Carroll County Board of Commissioners? (For this purpose "immediate family" means parents, brothers, sisters, spouses, sons, daughters, mother-in-law, fathers-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters- in- law).

_____ NO

_____ YES, Please explain below

Have you resided in any state other than Ohio in the past five years?

_____ NO

_____ YES, State of _____

Signature

Date

