

# 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  
(TO BE COMPLETED BY ALL APPLICANTS)**

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

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

\_\_\_\_\_ NO

\_\_\_\_\_ YES, State of \_\_\_\_\_

\_\_\_\_\_  
Signature