

# Madison County Board of Developmental Disabilities

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500 Elm Street  
London, Ohio 43140  
(740) 852-7050

*Jim Canney*  
Superintendent

## Employment Application

### Section I. Personal History

Date of Application \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Phone \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

5. Social Security No. \_\_\_\_\_

6. Please list position for which you are applying. \_\_\_\_\_

7. Are you interested in working \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

8. List your preferred work schedule by hours and days \_\_\_\_\_

9. Do you have a valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, indicate the license number. \_\_\_\_\_

10. Have you had your driver's license suspended or  
revoked during the past 5 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

11. Do you have any physical, mental or medical impairment  
or disability that you will need work place accommodations  
in order to perform assigned job responsibilities to your  
maximum ability? \_\_\_\_\_ YES \_\_\_\_\_ NO

## Section I Personal History (continued)

12. If you answered "Yes" to question 10 or 11, please explain fully below indicating by number to which question you are responding.

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## Section II Experience

13. In the areas below, please indicate your past work experience. Beginning with your most recent employment, list the previous jobs which you have held, including a brief description of the job duties performed. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Major volunteer work may be included as employment; be sure to indicate their volunteer nature, and supply other necessary information.

### Present or Most Recent Job:

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment From: mo. \_\_\_\_\_ yr. \_\_\_\_\_ To: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

### Next Most Recent Job:

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment From: mo. \_\_\_\_\_ yr. \_\_\_\_\_ To: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

**Section II Experience (continued)**

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment From: mo. \_\_\_\_\_ yr. \_\_\_\_\_ To: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position (job title) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

14. Have you been disciplined or fired by a previous employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section III Education and Training**

15. Can you read, write, speak and understand English? \_\_\_\_\_ YES \_\_\_\_\_ NO

16. Can you read, write, speak or understand other languages? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, identify additional languages \_\_\_\_\_

17. Can you perform basic arithmetic skills? \_\_\_\_\_ YES \_\_\_\_\_ NO

18. Name and address of secondary and last school, colleges or universities attended.

	Dates Attended	Degree Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. If the position for which you are applying requires a license or certificate (other than a driver's license), please submit the following information:

Licensing Agency: \_\_\_\_\_ License No. \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Section III Education and Training (continued)

20. In the area below, please describe briefly any additional information or special qualifications you have for the position(s) for which you are applying (e.g., special machines or equipment you are qualified to operate; hobbies which have taught you special skills).

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21. Briefly describe any additional information you feel may be helpful to us in considering your application.

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### Section IV Miscellaneous

#### 22. References

In the area below, please list the names and address of three individuals, other than relatives, whom we may contact for the professional recommendation.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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23. I swear or affirm that the answers I have given to each of the questions in this application are complete and true to the best of my knowledge. I understand, if offered employment, that any false statement made on this application may result in my discharge.

My signature on this application provides full authorization for this Organization to make a background and/or a driver's license check with appropriate law enforcement agencies and a review of certain databases. The signature also authorizes the Organization to check past employment references and other information necessary to arrive at an employment decision.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Each applicant is given consideration for employment without regard to race, religion, color, national origin, sex, age, marital or veteran status or the presence of a non-job related medical condition or handicap.