

# CLERMONT COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

## Application for Employment

Thank you for your interest in the Clermont County Board of Developmental Disabilities. The Board provides a trauma informed care approach with a broad range of services to children and adults with developmental disabilities who live in Clermont County. These services are provided at several locations throughout the county.

All positions require a minimum of a completed high school diploma or GED and the minimum age for employment is 18. **You must meet the minimum qualifications for the position and apply for a specific position that is vacant to be considered as a valid applicant.**

Applications that are missing information or are unreadable will be discarded. After it is completed, the Equal Employment Opportunity form will be removed, stored in a separate file and kept for three (3) years. All applications will be considered active up to six (6) months after the filing of the application. The initial application from employees hired is retained permanently in electronic form. All other application forms are scanned and stored electronically, and purged according to the retention schedules.

Members of the immediate families of the seven-member Clermont County Board of Developmental Disabilities or the Board of County Commissioners may not be hired to work for the Clermont County Board of Developmental Disabilities. Applicants hired by the Board are not permitted to work in Clermont County as independent providers of persons receiving services from the Board.

### **HIRING PROCESS:**

Completed applications are received and reviewed by the Human Resources Department. Human Resources will send a copy to the Department Manager/Director with a vacancy, based upon the applicant's qualifications and ability to perform the essential job functions of the position applied for, with or without reasonable accommodation.

Interviews are scheduled by the department with the vacancy. The most qualified applicants shall be contacted for interviews. There is no requirement to interview all applicants. Following the initial interview, applicants may be recommended for additional interviews with other staff, supervisors, and/or the Superintendent.

All offers of employment may be extended only by the Superintendent. Furthermore, all offers of employment are contingent upon successful completion of a job-related medical examination and drug test, a criminal history background check (required by Ohio Administrative Code 5123:2-202), and a driving abstract which is required for each applicant who will transport individuals or operate agency vehicles for any purpose.

### **CERTIFICATION/LICENSURE/REGISTRATION**

Positions that involve directly providing services to individuals, or supervising staff that provide services to individuals, require certification, licensure, and/or registration. You may be required to complete seminars or college courses at your own expense to obtain certification. You are required to provide a copy of any certificate, license, and/or registration that you currently hold. For positions requiring a college degree, submit an official transcript with your application. It is also the expectation of the Board that each employee be trained in and follow the model of Sanctuary to provide trauma informed care.

**CLERMONT COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**  
**Application for Employment**

Position applied for: \_\_\_\_\_ (If Blank, application will not be valid.)

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address of your Residence: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_  
(All applicants/employees are required to have a phone number where messages can be left & promptly received.)

Email: \_\_\_\_\_ (Email is required for employees.)

Are you at least 18 years of age? Yes  No  If no, you are not eligible for employment.

Did you graduate from high school and/or complete a G.E.D.? Yes  No  If no, you are not eligible for employment.

Can you perform the essential functions of the position for which you applied, with or without reasonable accommodation?  
Yes  No

Date available to start work/ Days and Hours Available: \_\_\_\_\_

Have you worked for this agency before? No  Yes  When? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

How did you learn of this vacancy? If from an employee, who? \_\_\_\_\_

**Pursuant to Ohio Administrative Code (OAC) Section 5123:2-2-02**, the Clermont 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.

Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation.

For more information, please review **OAC 5123:2-2-02**.

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## Application for Employment

### EDUCATION

Proof of High School Diploma or GED is required for employment.

	Complete Name and Address	Years Completed (Circle One)	Did You Graduate? (Circle)	Degree	Major
High School***		1 2 3 4	Yes No	N/A	N/A
College**		1 2 3 4	Yes No		
Post Graduate**		1 2 3 4	Yes No		
Business or Trade		1 2 3 4	Yes No		
GED *** Certificate	Obtained Through: _____		Date Received: _____		

- \*\*\*Must provide official Diploma or GED certificate upon hire.
- \*\* Please submit official transcripts for college and post-graduate education.

### CERTIFICATION/LICENSURE/REGISTRATION

For many positions state certification, licensure or registration requirements **MUST** be met. Be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position(s) for which you have applied.

- Do you have a current certification/license from the Ohio Department of Education? Yes  No
- Do you have a current registration/certification from the Ohio Department of Developmental Disabilities? Yes  No
- Do you have any other Certificates, Licenses or Registrations that qualify you for the position(s) for which you have applied? Yes  No

Types of Certificate/License/Registration	Authorizing Board or Agency	Expiration Dates
1.		
2.		
3.		

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes  No  Licensed in which State? \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ (required if licensed) Expiration Date \_\_\_\_\_  
 Type of Vehicle Endorsements \_\_\_\_\_ (CDL, Bus Driver, etc.)

## WORK EXPERIENCE AND EMPLOYMENT HISTORY

You must include all previous jobs. Resume may not be substituted for this section.  
Attach additional pages as needed. **List your most recent job first.**

1. Name of Employer: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Name & Title of Last Supervisor: \_\_\_\_\_ May We Contact? Y  N   
Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Status: Full Time  Part Time  Substitute  Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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2. Name of Employer: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Name & Title of Last Supervisor: \_\_\_\_\_ May We Contact? Y  N   
Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Status: Full Time  Part Time  Substitute  Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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3. Name of Employer: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Name & Title of Last Supervisor: \_\_\_\_\_ May We Contact? Y  N   
Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Status: Full Time  Part Time  Substitute  Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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4. Name of Employer: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Name & Title of Last Supervisor: \_\_\_\_\_ May We Contact? Y  N   
Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Status: Full Time  Part Time  Substitute  Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

If you do not wish us to contact a previous employer, indicate which one(s) and why:

**PROFESSIONAL WORK REFERENCES: (Personal references are not accepted.)**

List three **work-related** references, preferably current or previous supervisors who this agency has permission to contact. Provide phone numbers.

Name	Occupation	No. Street	City State	Zip Code	Telephone No.
1.					
2.					
3.					

**ADDITIONAL INFORMATION**

Please summarize other experiences, skills or qualifications which you feel would qualify you for the position(s) for which you have applied.

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**APPLICANT'S AGREEMENT**

***Read Carefully Before Signing***

If necessary, I will take courses required by the Ohio Department of Education and/or the Ohio Department of Developmental Disabilities. I understand that these may or may not be college courses and that I am responsible for paying for all classes/seminars required to obtain and maintain my position's certification/registration. Sanctuary Modules 1-10 will be required training as well as a demonstrated commitment to practice trauma informed care.

I have read all sections of this application and certify that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that the discovery of any false information provided or any relevant information omitted (no matter when discovered) may result in the refusal to hire me or the termination of my employment, at the discretion of the Superintendent. According to the Ohio Revised Code, I also understand that I must report any charges against me, convictions of, or guilty pleas to any disqualifying offenses to the Superintendent, within 14 (fourteen) days of charges, convictions, or guilty pleas. Failure to report may lead to disciplinary action up to and including termination. If hired, this requirement remains in effect the entire duration of my employment.

I authorize and instruct the Board to make whatever inquiries it considers necessary of any person or organization, which is not a consumer reporting agency, to verify any of the information I have provided in this application and to determine my qualifications and abilities. In exchange for the Board's agreement to receive, process and consider my application for employment, I hereby release the Board of any and all claims and causes of action rising out of the Board's efforts to verify the information I have provided in this application and/or its determination of my qualifications and abilities.

I am legally permitted to work in the United States.

I agree that any claim or lawsuit relating to my service with the Clermont County Board of Developmental Disabilities or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CLERMONT COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**  
**Application for Employment**

**NOTICE TO APPLICANTS**

**Drug Screening**

The Clermont County Board of Developmental Disabilities is committed to maintaining a drug-free workplace. For that reason, it is our Agency policy to make all offers of employment expressly conditioned upon passing a drug-screening test. That means that if you are offered a job and do not pass the drug-screening test or refuse to take the test, the offer of employment will be withdrawn.

**Medical Exam**

Job applicants may be required to undergo a medical examination prior to hire, and are required to agree in writing to permit such tests and examinations and the agency's use of their results. Those job applicants who fail such tests and examinations will not be offered employment.

**Background Check**

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Clermont County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per Ohio Administrative Code 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time period that disqualify an applicant from being employed with this agency. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation.

For more information, please review OAC 5123:2-2-02.

Your signature verifies that you understand that all prospective employees must pass a drug test and medical examination prior to being hired. Your signature below verifies that you understand the requirement to conduct a background check following job offers and the disqualifying offenses that prevent an applicant from being employed with this agency.

Please Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must accompany all applications for employment with Clermont County Board of Developmental Disabilities.**

**CLERMONT COUNTY BOARD OF DEVELOPMENTAL DISABILITIES  
AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET**

In compliance with Federal and State Equal Employment Opportunity laws, the Clermont County Board of Developmental Disabilities is required to collect and report data on all applicants/employees. The responses given will be held confidential and separate from the submitted employment application. You are not required to complete this form; however, we would appreciate your answers to the following:

Name (Voluntary) \_\_\_\_\_

Address \_\_\_\_\_  
Last First MI.

City \_\_\_\_\_  
Street Apt. # State Zip Code

Position Applied For: \_\_\_\_\_

Male  Female  Age 40 or older? YES  NO

**ETHNIC CATEGORY (check one):**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

**If you wish to identify yourself as a person with disabilities, veteran with disabilities or a Vietnam veteran, please check the appropriate spaces below:**

A qualified Disabled Individual who 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is qualified to perform a particular job with reasonable accommodation to his/her disability.

A Qualified Disabled Veteran 1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is qualified to perform a particular job with reasonable accommodations to his/her disability.

A Vietnam Era Veteran 1) a person who a) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than dishonorable discharge, or b) was released from such active duty for a service-connected disability, and 2) a person who was discharged/released within 48 months prior to an alleged violation of the Act and/or the regulation issued thereunder on July 26, 1976.

**How did you learn of the position(s) applied for?**

Friend/Relative (name) \_\_\_\_\_

Clermont County DD Web Site or job line

Newspaper Ad  Walk In  Other \_\_\_\_\_