



Application For Employment

(Pre-Employment Questionnaire)

Persons with disabilities who need assistance in the application process should contact the Human Resources Department.

Name _____ Date _____
last first middle

Address _____
number and street city state zip

Soc. Sec. No. (optional) _____ Phone No. (_____) _____

Employment Desired:

Position(s) _____

Please Check (✓) Full Time Part Time Substitute Seasonal

Hours Available _____ to _____

Specific Skills/Interests _____

Date You Can Start _____ Salary Desired \$ _____ per _____

Education:

High School _____ Diploma? YES NO GED

College _____ Graduate? YES NO Degree _____

College _____ Graduate? YES NO Degree _____

Subjects Studied, Major, or Other Special Training: _____

Employment History: List your current and past employers below, starting with the most recent (or present). In order to be considered for employment, you must provide the information below accurately and completely. If necessary, submit additional information on a separate sheet of paper.

From: _____ To: _____

Employer (company name, address, phone #) Supervisor's Name / Title

Your Position Salary Reason For Leaving

From: _____ To: _____

Employer (company name, address, phone #) Supervisor's Name / Title

Your Position Salary Reason For Leaving

From: _____ To: _____

Employer (company name, address, phone #)

Supervisor's Name / Title

Your Position

Salary

Reason For Leaving

From: _____ To: _____

Employer (company name, address, phone #)

Supervisor's Name / Title

Your Position

Salary

Reason For Leaving

May we contact your present/most recent employer? YES NO

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and give permission for the references listed above to give you any and all information concerning my background, and release all parties from all liability for any damage that may result from furnishing the same to you.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Medina 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. Your signature below verifies only that you understand our requirement to conduct background checks following job offers.

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Applicant Signature

Date

FOR AGENCY USE ONLY

Interviewed by _____ Date _____

Comments:

Hired? YES NO Position _____

Salary _____ Date reporting to work _____

Approved: _____
Department Head Date