



Cuyahoga County Board of Developmental Disabilities

1275 Lakeside Avenue East

Cleveland, Ohio 44114-1132

www.CuyahogaBDD.org

APPLICATION FOR EMPLOYMENT

PLEASE TYPE or PRINT CLEARLY

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City, State, Zip: _____

Area Code / Telephone Number: _____ Social Security Number (Optional): _____

Have you lived in Ohio for the last 5 yrs.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position(s) applied for or general area of interest	Today's Date
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How did you learn about us? <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> College Placement Office <input type="checkbox"/> Job Hotline <input type="checkbox"/> Website <input type="checkbox"/> CCBDD Employee (Name _____) <input type="checkbox"/> Other: _____
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	EDUCATION	No. of Years Completed	Did You Graduate?	
High School	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you obtain GED? <input type="checkbox"/> Yes (Attach copy of GED) <input type="checkbox"/> No
College	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Post Graduate	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Other	Name: City & State:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major:

Make a request to your college(s) or school(s) to send your official transcript(s) to the HR Department at the above address.

LICENSURE - CERTIFICATION - REGISTRATION

Type/Level/Grade/ License Number	Authorizing Agency, Department or Board	Expiration Date
Ohio Driver's License Number	Expiration Date	

Persons with disabilities who need assistance in the application process should contact the Employment Manager

An Equal Opportunity Employer

PLEASE ANSWER ALL QUESTIONS BELOW (*failure to answer all questions will invalidate your application*):

Do you have relatives who are employees, students, or consumers of the CCBDD? _____

If yes: Name _____ Relationship _____

Relative's work site, school, or activities center _____

What are your career goals? _____

Have you ever applied for a position here? _____ If yes, please give position title and approximate date _____

Have you ever been terminated or asked to resign? _____ If yes, please give details _____

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? _____ If yes, please give details _____
(Conviction will not necessarily disqualify an applicant from employment.)

Have you ever had a professional license, certificate or registration revoked or suspended? (This is NOT referring to driver's license.) _____ If yes, please give details _____

Military Service Record: Have you ever served in the armed services? _____

EMPLOYMENT HISTORY

(Please read these instructions carefully before completing.)

Please give accurate, complete full-time and part-time employment record. If your title and duties changed substantially in any one organization, indicate such changes as separate employments. You may include any relevant volunteer work. **You may attach your resume; however, you are still expected to complete the entire application---do not refer to your resume. APPLICATIONS WITHOUT COMPLETE INFORMATION, INCLUDING COMPANY ADDRESSES, AND ZIP CODES WILL NOT BE CONSIDERED.**

1. Company Name: _____ Phone: _____
(Present or most recent)

Street Address: _____ City, State, Zip: _____

Job Title: _____ full-time ___ part-time ___

Employed From – Month: _____ Year: _____

Starting Salary: _____

Employed To – Month: _____ Year: _____

Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

2. Company Name: _____ **Phone:** _____

Street Address: _____ **City, State, Zip:** _____

Job Title: _____ **full-time** ___ **part-time** ___

Employed From – Month: _____ **Year:** _____

Starting Salary: _____

Employed To – Month: _____ **Year:** _____

Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

3. Company Name: _____ **Phone:** _____

Street Address: _____ **City, State, Zip:** _____

Job Title: _____ **full-time** ___ **part-time** ___

Employed From – Month: _____ **Year:** _____

Starting Salary: _____

Employed To – Month: _____ **Year:** _____

Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

4. Company Name: _____ **Phone:** _____

Street Address: _____ **City, State, Zip:** _____

Job Title: _____ **full-time** ___ **part-time** ___

Employed From – Month: _____ **Year:** _____

Starting Salary: _____

Employed To – Month: _____ **Year:** _____

Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

5. Company Name: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

Job Title: _____ full-time ___ part-time ___

Employed From – Month: _____ Year: _____ | Starting Salary: _____

Employed To – Month: _____ Year: _____ | Last Salary: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

To give us your complete work history, feel free to attach additional pages if necessary.
Please continue to answer all of the above questions for each employer noted on any additional pages.

Please read the following carefully before signing & dating below:

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand that intentional deception in this application may be considered as sufficient cause for disqualification or dismissal if employed. I hereby waive all provisions of law forbidding past employers or colleges or universities which I attended from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they disclose such knowledge or information to the CCBDD Human Resources Department. I hereby also consent to the release of all my police records concerning any arrest with subsequent convictions. I release these records to the CCBDD Human Resources Department and waive any right to personal privacy I might have over the records.

I hereby certify that I have given the CCBDD permission to obtain a copy of any arrest or conviction record pertaining to me now in the files of the Ohio Bureau of Criminal Identification and Investigation or the Federal Bureau of Investigation. I hereby release the Ohio Bureau of Criminal Identification and Investigation, the Federal Bureau of Investigation, and all individuals connected therewith from all liability in connection with the dissemination of such arrest or conviction data.

I hereby certify that I have given the CCBDD permission to obtain a copy of my current driving record from the Ohio Bureau of Motor Vehicles or from the bureau of motor vehicles of any other state in which I have been a licensed driver during the five-year period immediately preceding today's date.

I am applying for employment with the CCBDD. I understand that if employed, I agree to conform to the CCBDD's rules. I also agree that I shall be subject to other conditions, which the CCBDD may adopt.

(Signature of Applicant)

(Date)

NOTICE: You must return ALL five (5) pages of the Application. Failure to return all 5 pages will invalidate your application.

To the Applicant: **PLEASE READ THIS SECTION VERY CAREFULLY:**

Thank you for your interest in our organization. The CCBDD is highly selective in its hiring practices. Our main objective in filling open positions is to hire the best person for the job, and we follow a rigorous selection process. A part of that process is to contact FORMER employers of all applicants, check driving records where applicable, etc. SIGNING AND DATING ALL FOUR of the authorizations below will enable us to complete this required component of the application screening process.

WE REGRET THAT DUE TO THE VERY LARGE VOLUME OF APPLICATIONS RECEIVED WE ARE NOT ABLE TO RESPOND TO EVERY APPLICANT. PLEASE BE ASSURED THAT YOUR APPLICATION WILL BE REVIEWED CAREFULLY AND THAT YOU WILL BE CONTACTED IF AN INTERVIEW IS APPROPRIATE. APPLICATIONS ARE KEPT ACTIVE FOR ONE YEAR.

=====AUTHORIZATION=====
1. I hereby declare that the information given in this application is true and I understand that any false or misleading information given in my application or interview(s) may result in discharge. I further understand that past employment records and references are subject to inquiry. I understand that all prospective employees must pass a drug test prior to being hired.

(Signature of Applicant) (Date)

2. I agree to release any information to the CCBDD concerning my prior employment, educational experience, driving and criminal records. Ohio law requires that applicants who come under final consideration for employment be fingerprinted and undergo a satisfactory criminal records check.

(Signature of Applicant) (Date)

3. For purposes of checking former employment records only, please identify any other name you have used with past employers:
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FAILURE TO SIGN AND DATE ALL FOUR OF THE ABOVE AUTHORIZATIONS WILL INVALIDATE YOUR APPLICATION.