



**APPLICATION FOR EMPLOYMENT**  
Wayne County Board of Developmental Disabilities  
266 Oldman Road  
Wooster, Ohio 44691

Last Name: First Name

**Mission Statement**

The mission of the Wayne County Board of Developmental Disabilities, in partnership with enrollees, families, staff, and the community, is to provide choices and options based on individual and family preferences enabling a quality of life satisfying to the individual in learning, living, working, and participation in the community.

Thank you for your interest in employment with the Wayne County Board of Developmental Disabilities. The Board provides education, vocational training, residential services, support services, and transportation services for children and adults who are developmentally disabled and live in Wayne County.

The Wayne County Board of Developmental Disabilities recruits, selects, trains, and retains people who share our commitment to providing quality services to individuals with developmental disabilities. People who are hired should demonstrate skills and abilities such as: respect for others, ability to resolve problems in a positive and productive way, interest in service, and commitment to excellence. If you have these values, please continue to complete this application.

In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print in black ink clearly. Be sure your signature and the date appear on the last page of the application.

**HIRING PROCESS**

It is the policy of the Wayne County Board of Developmental Disabilities to only accept applications for advertised positions.

When completed applications are received by the Superintendent's office, they are reviewed and made available to the program area where the appropriate opening exists.

Because there are generally more applicants than open positions, we cannot promise an interview for each applicant. Interviews will be scheduled based upon the applicant's qualifications (e.g. education, related experience, etc.), date of application, position openings at that time, etc.

Following the initial interview with the administrator of the program, applicants may be recommended for an additional interview with the Superintendent. Though such interviews are scheduled promptly, the total process may take several weeks.

All applications will be kept on file for one year. If you are not hired, yet continue to have an interest in employment after a year, you should submit another application.

**An Equal Opportunity Employer and Service Provider**

# PERSONAL INFORMATION

Please type or print clearly

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last First MI

Address \_\_\_\_\_

No. Street City State Zip Code

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Best method to contact: \_\_\_\_\_

Position(s) applied for (please be specific): \_\_\_\_\_

Are you interested in:  Full-Time  Substitute Date available to start work? \_\_\_\_\_

Do you currently work for any other Wayne County agency?  Yes  No

Have you worked for this agency before?  Yes  No

Have you been a continuous Ohio resident for the past five years?  Yes  No

Do you have a relative that works for the Wayne County Board of DD?  Yes  No

If so, what is their relation to you? \_\_\_\_\_

# EDUCATION

Name and Location Of High School _____	Check years completed				Diploma or Degree	
	9	10	11	12	Yes	No*
*If no, did you obtain a GED? <input type="radio"/> Yes <input type="radio"/> No Date obtained _____						
**Please provide a copy						
College _____	1	2	3	4	Associate	BS
Major - _____					BA	B.Ed
Minor - _____						
College _____	1	2	3	4	MA	M.Ed
Major - _____					Ph.D.	Other
Minor - _____						

Other special qualifications or skills: \_\_\_\_\_

Describe any mechanical experience or interests \_\_\_\_\_

List personal computer experience (hardware and software ) \_\_\_\_\_

## CREENTIALS

For many positions, state certification, licensure or registration requirements MUST be met. If you have current credentials, 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.

Have you ever held a Department of Education certification?  Yes  No

Type \_\_\_\_\_ Grade \_\_\_\_\_ Exp Date \_\_\_\_\_

Have you ever held a Department of Developmental Disabilities certificate or registration?  Yes  No

Type \_\_\_\_\_ Validation \_\_\_\_\_ Grade \_\_\_\_\_ Exp Date \_\_\_\_\_

Have you ever had a certificate, license or registration revoked or suspended? Yes No If yes, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

**(List most recent first) Use additional sheet if necessary**

Employer \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ May we contact? Yes No

From \_\_\_\_\_ To \_\_\_\_\_ Full-Time Part Time Salary/Wages \$ \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ May we contact? Yes No

From \_\_\_\_\_ To \_\_\_\_\_ Full-Time Part Time Salary/Wages \$ \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ May we contact? Yes No

From \_\_\_\_\_ To \_\_\_\_\_ Full-Time Part Time Salary/Wages \$ \_\_\_\_\_

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

## REFERENCES

List three references, excluding former employers or relatives, who this agency has permission to contact.

Name	Address	Years Known	Occupation	Phone Number

## 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

I certify that I have read and understand the information on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I also grant permission to have this application and enclosures duplicated and distributed.

I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical or substance abuse or others as may be required by the Board.

I authorize the Wayne County Board of Developmental Disabilities and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all the requirements as stated on the job posting(s) for the position(s) for which I am applying. I am able to perform all duties as described.

I understand and agree that as a condition of employment, I shall meet and maintain all required standards of my position which involves certification, registration, licensure and training, I further understand that I may be required to enroll in college courses and training to comply with employment and certification requirements.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**ONLY APPLICATIONS THAT ARE COMPLETED IN FULL AND ARE LEGIBLE WILL BE CONSIDERED**

**AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER**