



**ASHTABULA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**  
**2505 South Ridge Road East**  
**Ashtabula, Ohio 44004**  
**440-224-2155**

**Office Use Only**

Date Received \_\_\_\_\_  
 Letter Sent \_\_\_\_\_  
 Ref. Req. Sent \_\_\_\_\_  
 Ref. Received \_\_\_\_\_  
 Interview Date \_\_\_\_\_  
 Application Log \_\_\_\_\_  
 C: \_\_\_\_\_

**General Application**

Applicants may be tested for illegal drugs.

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

Name: \_\_\_\_\_  
   Last  First  Middle  Maiden

Address: \_\_\_\_\_  
   Street and Number  City  State  Zip Code

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

How long? \_\_\_\_\_ If same please leave blank  
 Email Address: \_\_\_\_\_  
 Communication preference  mail  email  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Previous Addresses:

Street and Number	City	County	State	Zip Code	How long?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Position(s) Applied For:

- Bus Assistant  Vehicle Operator  Mechanic  Workshop Specialist  Habilitation Assistant  
 Activity Specialist  Clerical  Teacher Assistant  Food Service Worker  Maintenance  
 LPN  RN  Instructor  Early Intervention Specialist  SSA  OT, PT or Speech Therapist  
 Other \_\_\_\_\_

If applying for a Posted Position please list which position. \_\_\_\_\_

Are you willing to substitute?  yes  no

Salary expected: \_\_\_\_\_ Date available for employment \_\_\_\_\_

Have you been employed under Civil Services?  yes  no If so, what classification \_\_\_\_\_

EDUCATION: High School, college and other educational experiences

<u>School or College</u>	<u>Location</u> (Mailing address)	<u>Diploma/Degree</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other Registrations/certifications/Licenses Held:

Type and Issuing Agency/State	Number	Effective Dates

**EMPLOYMENT HISTORY (Begin with present or last position).**

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending

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

\_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending

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

\_\_\_\_\_

EMPLOYMENT HISTORY CONTINUED

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending

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

\_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending

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

\_\_\_\_\_

May we contact your present employer?  yes  no

**IF APPLYING FOR A TEACHER’S POSITION**

**Please complete the following information on page 4 and page 5:**

At the time of making application are you under contract?  yes  no

If yes, when does the contract expire? \_\_\_\_\_

Ohio Teaching Licensure you hold.  
(Include Department of Education)

Type (Temporary, 4 yr. Prov., 8 yr Prof., Perm.)	License No.	Date Expires	Subjects/Grades
	License No.	Date Expires	Subjects/Grades

UNDERGRADUATE ACADEMIC PROGRAM. Please list all secondary schools, colleges, and universities attended as an undergraduate.

<u>School or College</u>	<u>Location</u>	<u>Diploma/ Degree</u>	<u>Date Received</u>	<u>Cumulative Point Average</u>	<u>Sem. Hours Completed</u>

Undergraduate major or curriculum completed \_\_\_\_\_ Point Average \_\_\_\_\_

Undergraduate minor or curriculum completed \_\_\_\_\_ Point Average \_\_\_\_\_

Practice Teaching:

School and address \_\_\_\_\_

Subject or grade level \_\_\_\_\_ Grade received \_\_\_\_\_

Name of critic teacher or college supervisor \_\_\_\_\_

Please list your high school extra-curricular activities and honors received:

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Please list your undergraduate college extra-curricular and honors received:

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**GRADUATE ACADEMIC PROGRAM**

Please list all universities attended as a graduate student.

<u>University</u>	<u>Location</u>	<u>Diploma/ Degree</u>	<u>Date Received</u>	<u>Cumulative Point Average</u>	<u>Sem. Hrs. Completed</u>

Graduate minor or curriculum \_\_\_\_\_ Point Average \_\_\_\_\_

Graduate minor or curriculum \_\_\_\_\_ Point Average \_\_\_\_\_

Please list your graduate school extra-curricular activities and honors received:

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Hobbies \_\_\_\_\_

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Community Activities \_\_\_\_\_

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What are your plans for further preparation in your professional field?

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**IF APPLYING FOR SCHOOL BUS DRIVER POSITION**

**Please complete the following information on page 6:**

Do you have:

A valid Class B CDL with SCHBUS and PASS endorsements?  yes  no

A current Driver's Abstract?  yes  no

A current School Bus Driver's Physical?  yes  no

Have you completed the Preservice School Bus Drivers Training Course?  yes  no

Do you now possess or are you willing to obtain a Red Cross First-Aid and CPR Certificate?  yes  no

**Ohio Law requires that you attend and successfully complete the Preservice School Bus Drivers Training Course and take the appropriate written and driving skills test and become licensed before you can be employed as a school bus driver.**

**Ohio Law also requires that you annually provide an official abstract of your driving record and complete a School Bus Drivers Physical. You must attend one safety training meeting per year.**

**Employment is contingent upon successfully meeting these and any other regulations required for a school bus operator.**

**INFORMATION FOR ALL APPLICANTS:**

**REFERENCES:** Include at least two individuals who have knowledge of your work performance. If applying for a School Bus Driver position please provide (3) individuals (preferably supervisors).

Name/Title

Address & Phone No.

Occupation

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Please indicate any hobbies or skills which you may believe could be helpful in the position applied for.

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Please give a description of yourself stressing the qualities you believe characterize your performance in a work situation:

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Please indicate your experience in working in the field of developmental disabilities, education, or with children and adults in a directive capacity:

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What are your reasons for wanting to work for the Ashtabula County Board of Developmental Disabilities?

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The time and interest you have given in making application to the Ashtabula County Board of Developmental Disabilities is sincerely appreciated. We shall try to reciprocate by giving your application prompt consideration.

Upon receipt of your application your references and/or credentials will be requested from the sources you have indicated. Applicants shall be screened on the basis of their application and references. Personal interviews shall then be scheduled with selected applicants.

\*Applications will not be accepted if this affirmation is omitted.

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.

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

Date\_\_\_\_\_

\*Please submit a copy of your Driver's License with this Application.

**EQUAL OPPORTUNITY EMPLOYER**

This application will be kept on file for a period of 1 (one) year.



## APPLICANT DATA RECORD

This form will be kept completely separate from any application and is not a part of the application you submit. It is for purposes of required Equal Opportunity reports only.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate and unidentifiable as a part of your Application for Employment.

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### PLEASE PRINT

Date\_\_\_\_\_

Position(s) Applied For\_\_\_\_\_

Referral Source:  Advertisement     Friend     Relative  
 Walk-In     Employment Agency     Other

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### AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

CHECK ONE:     Male     Female

CHECK ONE OF THE FOLLOWING:

Race/Ethnic Group:     White     Black     Hispanic  
 American Indian/Alaskan Native     Asian/Pacific Islander

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran     Disabled Individual

**CRIMINAL RECORD AFFIDAVIT/  
CONSENT TO CONTACT REFERENCES**

I verify that I have not been convicted of, nor did I plead guilty to, a violation of any of the following:

1. Any felony contained in the Revised Code, if the felony bears a direct and substantial relationship to the position filled;
2. Any crime contained in the Revised Code constituting a misdemeanor of the First Degree on the first offense and a felony on subsequent offenses, if the crime bears a direct and substantial relationship to the position being filled; and
3. An existing or former law of this state, any other state, or the United States, if the law is substantially equivalent to any of the offenses described in paragraphs (1) or (2) of this statement.

I authorize the Ashtabula County Board of DD to verify the accuracy of this statement. I understand that a criminal investigation report may be requested for my application to be processed. A photocopy of this form is as valid as the original.

I also authorize the Ashtabula County Board of DD to contact my current and/or former employer(s) and/or references. I understand that information obtained is considered to be confidential.

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Applicant Signature

Date

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Home Address

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City, State, Zip

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ACBDD Employee Witness Signature

Date

ASHTABULA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

*Thank you for your interest in employment with the Board. As part of the application process, please provide a written response to the following topic and return this assignment to the Board Office upon completion.*

**My Best Work Accomplishment**

Name: \_\_\_\_\_

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