



## EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. **You may attach your resume, however you must still complete the application.** Please list most recent employment first. Incomplete applications will not be considered.

Name of Employer:		Phone #:
Street Address		
City, State, Zip		
Job Title:	Name/Title of Supervisor:	
Salary: Beginning:                      Ending:	Dates of Employment: From:                                      To:	
Describe Responsibilities		
Reason for Leaving		

Name of Employer:		Phone #:
Street Address		
City, State, Zip		
Job Title:	Name/Title of Supervisor:	
Salary: Beginning:                      Ending:	Dates of Employment: From:                                      To:	
Describe Responsibilities		
Reason for Leaving		

Name of Employer:		Phone #:
Street Address		
City, State, Zip		
Job Title:	Name/Title of Supervisor:	
Salary: Beginning:                      Ending:	Dates of Employment: From:                                      To:	
Describe Responsibilities		
Reason for Leaving		

Name of Employer:		Phone #:
Street Address		
City, State, Zip		
Job Title:	Name/Title of Supervisor:	
Salary: Beginning:                      Ending:	Dates of Employment: From:                                      To:	
Describe Responsibilities		
Reason for Leaving		

## REFERENCES

List three references who can assess your professional abilities and whom this agency has permission to contact.

Name	Address (include City, State, Zip Code)	Type of Reference		Phone Number
		Personal	Professional	

## ADDITIONAL INFORMATION

Please summarize other experiences, skills, or qualifications which you feel would qualify you for the position for which you have applied (e.g. professional organizations, clerical skills, computer abilities, etc.)


I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that the making of false statements will be grounds for rejecting the application outright. If the false statement is not discovered until after I am employed, it will be grounds for removal. I also understand that a **Background Check will be required prior to employment**, and that in accordance with the **Drug-Free Workplace Program, drug testing will be required** and I thereby consent thereto. I waive all provisions of law forbidding colleges or university which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. In consent that they may disclose such information to the Human Resources Department of the Butler County Board of DD. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

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

BUTLER COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

OPTIONAL EQUAL EMPLOYMENT OPPORTUNITY FORM

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, ancestry, or disability.

To help us comply with Federal and State equal employment opportunity recordkeeping, reporting, and other legal requirements, please answer the questions below.

This Equal Employment Opportunity Form will be separated from your application and will not be used to determine eligibility for employment.

Name:		Date	
Address:			
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Type of Position Applying For:			
Race / Ethnic Group (check below)		Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Asian / Pacific Islander	<input type="checkbox"/>	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Black / African American	<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Vietnam Era Veteran
<input type="checkbox"/>	Latino / Latina	<input type="checkbox"/>	Desert Storm / Shield Veteran
<input type="checkbox"/>	Native American / Alaskan Native	<input type="checkbox"/>	Iraqi War Veteran