

BUTLER COUNTY
Board of
**DEVELOPMENTAL
DISABILITIES**

Administration
282 N Fair Ave
Hamilton, OH 45011
www.butlerdd.org

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY

Last Name:		First Name:		Middle Initial:	
Street Address:					
City, State, Zip Code:					
Area Code / Telephone Number:			SS#:		
How did you learn about us?	BCBDD Website <input type="checkbox"/>		Walk-In <input type="checkbox"/>	Other <input type="checkbox"/> _____	
	Board Employee <input type="checkbox"/> _____				
Position Applying for:					
Do you have prior state or county service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you worked for Butler County DD before?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing and able to secure a valid Driver's License if required?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

		EDUCATION		Did You Graduate?		
High School	Name:	_____		<input type="checkbox"/> Yes	If no, did you obtain a GED?	
	City & State:	_____		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College: Undergraduate	Name:	_____		<input type="checkbox"/> Yes	Degree:	
	City & State:	_____		<input type="checkbox"/> No	Major:	
College: Graduate	Name:	_____		<input type="checkbox"/> Yes	Degree:	
	City & State:	_____		<input type="checkbox"/> No	Major:	
Business or Trade School:	Name:	_____		<input type="checkbox"/> Yes	Degree:	
	City & State:	_____		<input type="checkbox"/> No	Major:	
Other:	Name:	_____		<input type="checkbox"/> Yes	Degree:	
	City & State:	_____		<input type="checkbox"/> No	Major:	

For all professional positions, official transcripts will be required.

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:		Dates of Employment:	
Beginning:	Ending:	From:	To:
Describe Responsibilities			
Reason for Leaving			

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

LICENSURE / CERTIFICATION / REGISTRATION

Type/Level/Grade	Authorizing Agency / Department/ Board	Expiration Date

An Equal Opportunity Employer and Service Provider

REFERENCES

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

Name	Email	Primary Phone #

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 provided 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.

Applicants Signature: _____

Date: _____

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Reference Authorization

I understand that, as a result of making an application for employment with the Butler County Board of DD, the Board, its officers, agents, representatives, or its duly authorized employees, may request each former employer and each person, firm, or corporation which I have given as a reference, to furnish any information that may be sought by the Board concerning me and my work, my habits, character, or skills. I hereby authorize and request release of this information and hereby waive any privileges and release the Board, its officers, agents, representatives, or employees, and all referring entities from any liability in providing this information.

Print Name

Other Last Names Used (if any)

Signature

Social Security Number

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 (check below)		Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Asian	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 / White	<input type="checkbox"/>	Vietnam Era Veteran
<input type="checkbox"/>	Native Hawaiian / Pacific Islander	<input type="checkbox"/>	Desert Storm / Shield Veteran
<input type="checkbox"/>	American Indian / Alaska Native	<input type="checkbox"/>	Iraqi War Veteran
Ethnicity (check below)			
<input type="checkbox"/>	Yes, Hispanic or Latino		
<input type="checkbox"/>	No, not Hispanic or Latino		