



A lifetime of dignity & opportunities

SUBSTITUTE EMPLOYMENT APPLICATION

**Logan County Board of
Developmental Disabilities**
1851 St. Rt. 47 West, PO Box 710
Bellefontaine, OH 43311
(937) 592-0015

A substitute employee is unclassified and may be removed, suspended, or reduced from the position by the Superintendent. (RC 124.30 as modified by SB 99)

NAME _____ DATE _____
Last First Middle

TO ALL APPLICANTS-(Please read carefully)

Thank you for your interest in employment with Logan County Board of DD. The Board provides a broad range of services to individuals with developmental disabilities who live in the county.

When completing your application, provide as much detail as possible and answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application and return the completed application to the Personnel Department. All applications will be kept on active status for a period of 60 days. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

HIRING PROCESS

When completed applications are received by Personnel Department, they are reviewed and made available to the supervisors. Interviews are scheduled by the supervisor in the facility/department based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff and supervisors.

All offers of employment are contingent upon successful completion of a job-related medical examination and drug screen, a satisfactory criminal history and work record background check, and if the position requires the person to transport clients or operate agency vehicles for any other purpose, a driving abstract.

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY, ABUSE REGISTRY AND STATE NURSE AIDE REGISTRY BACKGROUND CHECK

The Board is mandated by law to conduct criminal background checks on applicants under final consideration for employment. Such applicants will be required to be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation & Identification and/or Federal Bureau of Investigation. All offers of hire are contingent upon satisfactory reports. This report is not subject to Ohio Public Records Act. Some criminal offenses will disqualify you from employment. We follow disqualifying offenses as defined in Admin. Rule 5123:2-2-02 and they prevent employment by any County Board of DD (See details on back page – Applicant Agreement). At your request, a copy of the report from BCII/FBI will be provided to you. In addition, a check of the Ohio Department of DD Abuser Registry Listing, the State Nurse Aide Registry, Fraud, Sex Offender & Child victim offender, Incarcerated & Supervised Offenders, and US General Service Administration system for award Management will be conducted for all final applicants. .

CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license and/or registration in for review and copying. Applicants who have completed college or coursework related to the position applied for are requested to submit copies of transcripts with the application. All applicants being considered for positions shall provide a copy of high school diploma, certificate, GED or letter from an education authority showing completion of high school education or equivalent prior to being interviewed.

LOGAN COUNTY BOARD OF DD IS AN EQUAL OPPORTUNITY EMPLOYER

The Logan County Board of DD does not discriminate in the provision of services or in its employment endeavors because of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position.

Revised 01/16

PERSONAL INFORMATION-(Please type or print clearly)

Name _____ Social Security # _____
 Last First Middle

Address _____
 No. Street City State Zip Code

Home Phone _____ Work Phone _____

Substitute Positions applied for: (may select one or more)

- 1. Assistant Cook
- 2. Secretary
- 3. Custodian

Date you can start _____ Are you available to work: Full-time _____ Part-time _____ Sub _____

Referr _____ have you worked for this agency before? Yes No _____

Do you have friends or relatives working for this agency? Yes _____ No _____
 (It is Board policy not to place an employee under supervision of a friend or relative)

EDUCATION

Type of School	Complete Name & Address	Yrs Complete	Graduated (Circle)	Degree	Major
High School/GED* *Copy Required		1 2 3 4	Yes No		
College*					
Post Graduate*					
Business or Trade**					
Other					

*Please submit copy of High School Diploma, GED, certificate of completion or an official letter from Educational Authority. Required prior to being interviewed.

**Please submit transcripts (copies accepted for application--official transcripts required at hire).

CERTIFICATION/LICENSURE/REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. 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.

Certification from the Ohio Department of Education Type ___ Grade _____ Expiration Date _____

Certification or Registration from the Ohio Department of DD Type _____ Grade _____ Expiration Date _____

Please list additional certificates, registration or licenses: _____

EMPLOYMENT HISTORY List most recent or current employer. Use additional sheet if needed. If your job title or duties changed during employment with any one employer, please list as separate employer. **A resume not may be used as a substitute for completing this page of the application.**

Most recent or current employer:

Name of Employer _____ **Phone #** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name & Title of Supervisor _____

Job Title _____ **Dates Employed** _____ **to** _____ **Ending Salary** _____

Responsibilities _____

This position was/is Full-time _____ Part-time _____ If part-time average hours worked per week _____

Reason for Leaving _____

List of other Employers

List any employers we may NOT CONTACT for a reference _____

Have you ever been discharged or requested to resign from a position? Yes ___ No ___ If yes, explain.

Have you ever had a certificate, license or registration revoked or suspended? Yes ___ No ___

If no, please list which essential function(s) you would have difficulty performing and identify reasonable accommodations.

REFERENCES

Please list the name and addresses of three individuals, other than relatives, whom we may contact for a Professional Recommendation.

NAME	ADDRESS	CITY STATE	ZIP PHONE
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APPLICANT’S AGREEMENT & IMMIGRATION REFORM & CONTROL ACT of 1986

(Read carefully before signing.)

IMMIGRATION REFORM AND CONTROL ACT OF 1986. I understand that if hired, I will be required to offer examination documents proving I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

APPLICANT AGREEMENT. I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examination, medical or substance abuse or others as may be required by the Board.

I authorize the Board and/or its agents to verify any of this information. I authorize all employers (unless restricted on page 3 of this application), 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 requirements of the job for which I am applying. I am able to perform all essential duties, as I understand them. I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position, which involve certification, registrations, licensure and/or training. I further understand that I may be required to enroll in college or courses and/or other training at my expense to maintain required certification/ registration.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Logan County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation. For more information, please review OAC 5123:2-2-02. Your signature below verifies only that you understand our requirement to conduct background checks following job offers. I hereby agree that I will notify the Superintendent within fourteen (14) calendar days if, while employed by the Logan County Board, I am ever formally charged with, convicted of, or plead guilty to any of the offenses listed or described in the ORC 5126.28. I acknowledge that my failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment.

I grant permission to have this application and enclosures duplicated and to be distributed to Board’s employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports. Your signature also verifies that you further understand that all prospective employees must pass a drug screen and physical prior to being hired.

Signature _____ Date _____

(My signature above verifies that I have read and agree to comply with the Applicant Agreement & Immigration Reform & Control Act of 1986