



APPLICATION FOR EMPLOYMENT

Hamilton County Developmental Disabilities Services

1520 Madison Road, Cincinnati, Ohio 45206-1747

(513) 794-3300 • TDD (513) 475-0025 • FAX (513) 559-6604

www.hamiltondds.org

**“SUPPORTING PEOPLE WITH DISABILITIES
AND THEIR FAMILIES TO ACHIEVE
WHAT IS IMPORTANT TO THEM.”**

Thank you for your interest in employment with Hamilton County Developmental Disabilities Services. By completing and returning this application promptly, you will enable us to evaluate your potential as an employee of this agency. Please provide as much detail as possible. Answer all questions thoroughly and honestly. Please type or print clearly. A resume may be attached. Please sign and date the last page of the application.

Your application will be valid for one year. If during the next year, you want to be considered for another posted opening with HCDDS, call Human Resources and request your application be reactivated for the new opening. If your application is 60 days or older, you must submit a new application to be considered for employment.

Persons selected for an interview may be asked to present additional information such as references from persons qualified to assess the candidates work history, professional abilities, and general character.

Candidates offered employment must submit to a physical examination and drug screen. They must also agree to allow the Agency to secure a criminal background check from the Ohio Bureau of Criminal Identification and Investigations and/or the Federal Bureau of Investigations, as well as, a driver's abstract from the Bureau of Motor Vehicles.

Again, thank you for your interest in employment with the Hamilton County Developmental Disabilities Services.

**An Equal Opportunity Employer and Service Provider
and a Drug Free Workplace.**

(Application available in alternative format upon request)

PERSONAL INFORMATION

Please type or print clearly

Date _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NO. STREET

CITY

STATE

ZIP CODE

Telephone No. (_____) _____

AREA CODE

Positions applied for in order of preference 1. _____

2. _____

Are you interested in Part-Time Full-Time Substitute

Date available to start work _____

How did you learn of this opening? _____

Have you worked for this agency before? Yes No If yes, date _____

Position _____

Have you ever been convicted of any criminal offense? Yes No If yes, date _____

EMPLOYMENT HISTORY

(List most recent first.)

Name of Employer _____ Telephone No. (_____) _____	
Address _____	
NO. STREET	CITY STATE ZIP CODE
Name & Title of Supervisor _____	
Job Title _____	Dates of Employment _____ to _____ Salary: Beginning _____ Ending _____
	Mo. Yr. Mo. Yr.
Describe Responsibilities _____	
Reason for Leaving _____	
Name of Employer _____ Telephone No. (_____) _____	
Address _____	
NO. STREET	CITY STATE ZIP CODE
Name & Title of Supervisor _____	
Job Title _____	Dates of Employment _____ to _____ Salary: Beginning _____ Ending _____
	Mo. Yr. Mo. Yr.
Describe Responsibilities _____	
Reason for Leaving _____	
Name of Employer _____ Telephone No. (_____) _____	
Address _____	
NO. STREET	CITY STATE ZIP CODE
Name & Title of Supervisor _____	
Job Title _____	Dates of Employment _____ to _____ Salary: Beginning _____ Ending _____
	Mo. Yr. Mo. Yr.
Describe Responsibilities _____	
Reason for Leaving _____	

List the employers we may NOT contact _____

REFERENCES

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

Name	Occupation	No.	Street	City	State	Zip Code	Telephone No.
1.							
2.							
3.							
4.							

EDUCATION

Name	Complete Name and Address	Yrs. Completed (circle)	Graduated (circle)	Degree	Major
High School*		1 2 3 4	Yes No		
College*		1 2 3 4	Yes No		
Post Graduate*		1 2 3 4	Yes No		
Business or Trade*		1 2 3 4	Yes No		
Other		1 2 3 4	Yes No		

*Transcripts may be requested for those positions requiring licensure and/or certification.

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.

DO YOU HAVE:

Certification/Licensure from the Ohio Department of Education?

Yes No

Type/Grade

Expiration Date

Adult Services/Case Management/Certification/Registration License from the Department of Developmental Disabilities?

Yes No

Type/Grade

Expiration Date

Other certificates, licenses, or registrations that qualify you for the position(s) for which you have applied?

Yes No

Type/Grade

Expiration Date

Type of Certificate/License/Registration	Authorized Agency	Expiration Date

If necessary, I will take courses required for Certification/Registration/Licensure by the Ohio Department of Education and/or the Department of Developmental Disabilities. I understand that those may be college courses, and that I will be responsible for payment.

Yes No

I grant my permission to have this application and any enclosures or duplicates distributed for recruitment purposes.

Yes No

ADDITIONAL INFORMATION

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

APPLICANT’S AGREEMENT

The answers to the foregoing questions are true and correct to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____

**CRIMINAL IDENTIFICATION CHECK
WILL BE REQUIRED ON ALL FINAL APPLICANTS.**

DO NOT WRITE BELOW THIS LINE
