

KNOX COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

APPLICATION FOR EMPLOYMENT

NAME _____ TELEPHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

POSITION YOU ARE APPLYING FOR _____ FULL TIME _____ PART TIME _____

Circle education completed: G.E.D. High School College Graduate School
9 10 11 12 1 2 3 4 1 2 3 4

List highest degree obtained: _____

List all certifications held relative to position: _____

Do you presently have a valid Ohio Drivers License? Yes _____ No _____

Drivers License #: _____ (All applicants must provide)

Fill out the following employment record, giving your last three (3) places of employment. (Please begin with present employer)

Name of Employer _____ Address _____
Supervisor's Name _____ Telephone _____
Type of Work Done _____
Employment (M/D/Y) _____ Reason for Leaving _____

Name of Employer _____ Address _____
Supervisor's Name _____ Telephone _____
Type of Work Done _____
Employment (M/D/Y) _____ Reason for Leaving _____

Name of Employer _____ Address _____
Supervisor's Name _____ Telephone _____
Type of Work Done _____
Employment (M/D/Y) _____ Reason for Leaving _____

**VOLUNTARY WAIVER AND
CONSENT OF DISCLOSURE OF INFORMATION**

I, the undersigned applicant, hereby waive all provisions of any law forbidding my physician or other person who has attended or examined me or who may here after attend or examine me, college or universities which I attend/attended, past or present employers, county or state agencies, or personal acquaintances/references from disclosing any knowledge or information which they thereby acquired relevant to volunteering, work record, and/or to my personal character and I hereby consent that they may disclose such knowledge or information to the Knox County Board of Developmental Disabilities.

A photocopy of this waiver and authorization shall be as valid as the original.

Applicant's Name (please print)

Signature of Applicant

Subscribed and duly sworn before me according to law by the above named applicant this _____ day of _____, 20____ at _____, County of _____, and State of _____.

Signature of Notary