## PRE-EMPLOYMENT INFORMATION FORM KNOX COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

### **ANSWER ALL QUESTIONS – PLEASE PRINT**

Qualified applications are considered for employment, and employees are treated during employment, without regard to age, ancestry, color, disability/handicap, national origin, race, religion, gender, sexual or affectional orientation, gender identity, appearance, matriculation, political affiliation, marital status, veteran status or any other characteristic protected by law.

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

# THIS PRE-EMPLOYMENT INFORMATION FORM will be kept in a CONFIDENTIAL FILE, separate from the APPLICATION FOR EMPLOYMENT. UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.

********	*******	********	******	*****	******	*****	*****
DATE:							
Position App	lied For:						
Referred By:							
Name:				Phone #			
Las	st	First	Middle	Phone #			
Address (No	P.O. Box):						
		Street		City	State	Zip	
	Black Nativ Asia Ame Hisp	ve Hawaiian o n (not Hispani rican Indian o anic or Latino	American (not His r other Pacific Isl ic or Latino) r Alaska Native (	ander (not Hispan not Hispanic or La		)	
Sex:	Male	Female	Under 1	8 18 to	70	over 70	
Are you a Ve	eteran?	Yes	No	Are you a Disab	oled Veterar	n?	
FOR PERSO	ONAL DEP.	ARTMENT U		**************************************	*****		****

## KNOX COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

## **APPLICATION FOR EMPLOYMENT**

NAME	TELEPHONE ( )					
ADDRESS			CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER			CITT	SIAIL	ΖΠ	
POSITION YOU ARE APPLYING FOR			FULL TIME	PART	TIME	
Circle education completed: G.E.D.		~ !!	Graduate Sc			
Chele education completed. G.E.D.	-	C		liool		
	9 10 11 12	1 2 3 4	1 2 3 4			
List highest degree obtained:					,	
List all certifications held relative to position	on:					
Do you presently have a valid Ohio Driver	rs License?	Yes	No			
Drivers License #:	Drivers License #: (All applicants must provid					
Fill out the following employment record,	giving your last th		s of employment.	(Please begin with pres	sent employer)	
Name of Employer			ress			
			Telephone			
Type of Work Done						
		Reas	son for Leaving			
Name of Employer		Addı	ress			
			Telephone			
Type of Work Done						
Employment (M/D/Y)		Reas	son for Leaving			
Name of Employer		۸dd	ress			
Supervisor's Name			Telephone			
Type of Work Done						
Employment (M/D/Y) KCBDD Job Application Page 2		Reas	son for Leaving			

Give three (3) personal references who are not relatives (other than your written references).

Name	Address	Occupation	Phone Number	
1				
2				
3				
Are you a United States citizen?	Yes No	(Please complete attached form I-9)		
Have you been a resident of Ohio f (If no, please list previous address)	1 ( ) •	Yes No		

Prior to actual employment and consistent with provisions of O.R.C. 109.57, verification of conviction of any criminal or traffic offense will be obtained from the Ohio Bureau of Criminal Identification and Investigation and other agencies. The verification process will require submission of fingerprints. Information obtained about convictions/charges will be evaluated to determine whether the nature of the offense is manifestly inconsistent with the position sought.

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge.

I authorize you to obtain an investigative report to verify the statements made herein using information obtained through personal acquaintances, references, a check of criminal convictions, and from any other source deemed appropriate. If position requires operation of vehicle for Board business, I authorize you to obtain a copy of my traffic records through local authorities as well as the Bureau of Motor Vehicles. Pre-employment drug screening is required. I understand and I consent to be tested.

I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for automatic dismissal.

Date

Signature of Applicant

Subscribed and duly sworn before me according to law by the above named applicant this

day of

Signature of Notary:

, 20

Notary Public

The Knox County Board of Developmental Disabilities does not discriminate in employment or in the provision of services on the basis of age, ancestry, color, disability/handicap, national origin, race, religion, gender, sexual or affectional orientation, gender identity, appearance, matriculation, political affiliation, marital status, veteran status or any other characteristic protected by law.

#### 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  ${\rm I}$ 

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  $% \left( \mathcal{A}^{\prime}\right) =\left( \mathcal{A}^{\prime}\right) \left( \mathcal{A}^$ 

\_\_\_\_\_ day of \_\_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_, County of

, and State of \_\_\_\_\_.

Signature of Notary