



Franklin County Board of Developmental Disabilities

Helping people to live, learn and work in our community

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • www.fcbdd.org

Jed W. Morison
Superintendent/CEO

EMPLOYMENT APPLICATION

Personal Information

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position(s) applying for: 1.) _____ 2.) _____ 3.) _____

Have you worked for this agency before: Yes No If yes, what location? _____

How did you learn about this opening? _____

List friends or relatives working for this agency: _____

Employment History

Most Recent Employer: _____ **Job Title:** _____

From (mo/yr): _____ To (mo/yr): _____ Full-Time Part-Time Ending Salary: _____

Supervisor Name/Title: _____ Supervisor Phone/Email: _____

Description of job duties: _____

Reason for leaving: _____

Previous Employer: _____ **Job Title:** _____

From (mo/yr): _____ To (mo/yr): _____ Full-Time Part-Time Ending Salary: _____

Supervisor Name/Title: _____ Supervisor Phone/Email: _____

Description of job duties: _____

Reason for leaving: _____

Previous Employer: _____ **Job Title:** _____

From (mo/yr): _____ To (mo/yr): _____ Full-Time Part-Time Ending Salary: _____

Supervisor Name/Title: _____ Supervisor Phone/Email: _____

Description of job duties: _____

Reason for leaving: _____

Please list employers we may not contact: _____

An Equal Opportunity Employer

Military History

Have you served in the U.S. Armed Forces? Yes No

Education History

Type	Name of School	Graduated	Degree Received
High School		Yes No	
College		Yes No	
Post Graduate		Yes No	

References – List three references, excluding former employers and relatives, who this agency has permission to contact.

Name	Occupation	Phone	Email
1.			
2.			
3.			

Additional Information – please submit resume if available.

Please summarize other experiences, skills or qualifications which you feel would qualify you for the position(s) for which you have applied.

APPLICANT'S AGREEMENT

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Franklin 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. Your signature also verifies that you further understand that all prospective employees must pass a drug test prior to being hired.

I have read the Applicant's Agreement and understand a background check is required following job offers. YES

I understand all prospective employees must pass a drug test prior to being hired. YES

I certify that all the information on this application and any supporting documents are complete and accurate and I understand that omissions or misrepresentations may result in a refusal to hire or termination. YES

Signature: _____ Date: _____

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