



**LORAIN COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**  
**MURRAY RIDGE CENTER**

1091 Infirmiry Road  
 Elyria, Ohio 44035  
 440.329.3734  
 www.loraincountymrdd.org

# APPLICATION FOR EMPLOYMENT

Please Read Carefully – Type or Print Clearly – Answer All Questions  
 • Applications will be destroyed after one year •

APPLICANT INFORMATION				Application # (HR only)
Last Name	First Name	Middle Name	Application Date:	
Street Address, City, State, Zip				
Home Phone # (area code)	Cell Phone #	Email address		

Position for which you are applying
Second Preference
Check Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute
Shifts you are willing to work: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Any
Can you safely perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, please explain)
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES, please explain)
Have you ever been employed by the State of Ohio or the County of Lorain? <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES, please explain)
Are you employed at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you accept a position immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
School	Name & Location	Academic Major	Graduated	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
◆ Return Application with Transcripts for Positions Requiring a Degree ◆				
Summarize Other Related Training, Skills, or Qualifications:				

## EMPLOYMENT HISTORY

List employment beginning with most recent. • A resume may not be used as a substitution for completing this section.

Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_ Phone (area code) \_\_\_\_\_  
Supervisor Name / Title \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Major Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_  
\*May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_ Phone (area code) \_\_\_\_\_  
Supervisor Name / Title \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Major Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_  
\*May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_ Phone (area code) \_\_\_\_\_  
Supervisor Name / Title \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Major Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_  
\*May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_ Phone (area code) \_\_\_\_\_  
Supervisor Name / Title \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Major Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_  
\*May we contact this employer?  Yes  No

## PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATION

Ohio Department of Education Certificate:

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Ohio Department of MR/DD Certificate:

Type \_\_\_\_\_ Validation \_\_\_\_\_ Level \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other: Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever had a license, registration or certificate revoked or suspended?  Yes  No (If YES, please explain)

## REFERENCES

List 3 references that the Murray Ridge Center has permission to contact. Use former employers only. Do not use relatives.

Name	Occupation / Organization
Address	Phone (area code)

Name	Occupation / Organization
Address	Phone (area code)

Name	Occupation / Organization
Address	Phone (area code)

## LETTERS OF REFERENCE

Our Agency requires two letters of reference to be enclosed in the application. Reference letters from relatives are NOT acceptable.

**Letter # 1 -** This letter of reference is to be completed by someone you have worked for in your past employment.

**Letter # 2 -** This letter of reference is to be completed by someone who knows you and can attest to your personal character.

## MOTOR VEHICLE DRIVERS ABSTRACT

The Lorain County Board of MR/DD is mandated by law (ORC 5126.28) to secure motor vehicle driver abstracts for all applicants being considered for employment, whose job description requires they may transport consumers or operate personal or agency vehicles for any other purposes.

Do you have a current Ohio Driver's License? (**Minimum Qualification**)  Yes  No

Can you supply your own transportation to work?  Yes  No

Do you have auto liability insurance? (**Minimum Qualification**)  Yes  No

If yes, with whom? \_\_\_\_\_

## NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK

The Lorain County Board of MR/DD is mandated by law (ORC 5126.28) to conduct criminal background checks on all applicants under final consideration for employment. If you are a finalist, you will be required to complete an affidavit and be fingerprinted.

• **All offers of hire are contingent upon satisfactory reports** •

This report is not subject to the Ohio Public Records Act

Have you ever been convicted of a felony or misdemeanor?  Yes  No (If YES, please explain)

Give dates and current probation status: \_\_\_\_\_

## **APPLICANT'S AGREEMENT**

I certify the information I have provided in this application is true and complete. If employed, I understand that any misstatement or omission of fact may result in rejection of my application or immediate discharge at any time during my employment. I authorize the employer to verify references and additional information, if job related. I hereby release the employer and its representatives from liability for seeking such information and all other persons or corporations for furnishing such information.

I understand that any offer of employment is contingent upon satisfactory results of a health assessment (including drug screening) related to my job duties. I agree to submit to any future health assessments that may be required and other assessments as required by the position or by law.

I understand and agree, that as a condition of employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and training. I further understand that I may be required to enroll in college courses and/or other training at my expense.

I grant permission to have this application and enclosures duplicated and to be distributed to the Board's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

### ***The Mission of the Lorain County Board of MR/DD***

*To ensure the availability of services and supports that assist individuals in living the life they choose;  
to promote their health and safety;  
and to assist and support the families of these individuals in achieving these goals.*

*Human Resources Comments:*

### **The Board is an Equal Opportunity Employer**

This philosophy calls for equal opportunity employment, training, and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors that are unrelated to the essential duties of the position.

## SUPPLEMENTAL DATA

This portion will be detached and maintained separately. It will be used only when the information is relevant to your application. If employed, this information will not become part of your permanent employment record.

Last Name	First Name	Middle Initial	Social Security #
<p><b>Have you ever been convicted of a felony or of a lesser crime within the last five (5) years?</b> Do not include arrests without conviction, charges expunged, convictions adjudged "youthful offender" or "juvenile", or convictions for minor traffic violations.</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If YES, please briefly describe the circumstances of your conviction and your name at that time: indicating the date, nature, and place of the offenses and disposition of the case including any rehabilitation. Your answer is looked upon as only one of the factors considered in the employment decisions and is evaluated in terms of the nature, severity, and date of the offenses.</p>			
Signature _____		Date _____	

The following applicant information is requested for the purposes of preparing periodic reports to the government or other record keeping in connection with government requirements. We encourage you to complete this section, but your employment prospects will not be adversely affected should you choose not to provide this information. This portion of the employment application will not become part of your applicant or employment file.

<p><b>VETERAN STATUS</b> (refer to definitions below – CHECK ONE)</p> <p> <input type="checkbox"/> Non-Veteran                <input type="checkbox"/> Veteran of the Vietnam Era – disabled                <input type="checkbox"/> Veteran of the Vietnam Era – <u>not</u> disabled  <input type="checkbox"/> Veteran <u>not</u> of the Vietnam Era - disabled                <input type="checkbox"/> Veteran <u>not</u> of the Vietnam Era – <u>not</u> disabled  <input type="checkbox"/> Individual does not wish to identify veteran/disabled veteran status         </p>			
<p><b>HANDICAP STATUS</b> (refer to definitions below – CHECK ONE)</p> <p> <input type="checkbox"/> Handicapped individual                <input type="checkbox"/> Not handicapped                <input type="checkbox"/> Individual does not wish to identify handicap status         </p>			
<p><b>GENDER</b> (CHECK ONE)    <input type="checkbox"/> Male      <input type="checkbox"/> Female</p>			
<p><b>RACE-ETHNICITY</b> (refer to definitions below – CHECK ONE)</p> <p> <input type="checkbox"/> White                <input type="checkbox"/> Black / African American                <input type="checkbox"/> Hispanic or Latino                <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaska Native                <input type="checkbox"/> Native Hawaiian or other Pacific Islander                <input type="checkbox"/> Two or more races         </p>			

### DEFINITIONS

**Disabled Veteran** - (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the U.S. Veterans Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38 U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active U.S. military duty because of a service-connected disability.

**Vietnam Era Veteran** - A veteran, any part of whose active U.S. military, naval or air service was during the period August 05, 1964 through May 07, 1975 who (i) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge or (ii) was discharged or released from active duty because of a service-connected disability.

**Handicapped** – A person who has a physical or mental impairment other than temporary or transient impairment which substantially limits one or more of his/her major life activities so as to likely cause difficulty with respect to employment opportunities is regarding as having such an impairment or has a record of such impairment.

**White** – A person having origin in any of the original peoples of Europe, the Middle East or North Africa.

**Black/African American** – A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Native Hawaiian or other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or more Races** – All persons who identify with more than one of the above races.