



## **Putnam County Board of Developmental Disabilities Application Packet**

- \* Application
- \* Disclosure and Release Form
- \* Reference Release Form
- \* Attestation and Agreement to Notify Employer
- \* Affidavit (must be notarized prior to returning)
- \* Copy of High School Diploma and College Transcripts  
(requirements listed in job posting)
- \* Letter of Intent
- \* Resume

When applying for a position, the application packet must be completed in full and returned by 3:00p.m. of the deadline date listed on the posting.

Faxes will not be accepted

Incomplete applications will not be accepted

Please contact Eva Von Sossan at [evonsossan@putnamdd.org](mailto:evonsossan@putnamdd.org) or 419-523-0122 with any questions. Thank you.

# APPLICATION FOR EMPLOYMENT FOR PCBDD

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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET	CITY	STATE/ZIP
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(\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

HOME NUMBER CELL NUMBER

## EMPLOYMENT/POSITION INFORMATION

Position(s) applying for \_\_\_\_\_

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The following information will be used if it is directly related to the position for which you are applying: **YES NO**

(Please indicate Yes or No)

1. Are you willing and able to secure an Ohio Driver License, if a license is required?	_____	_____
2. If the position requires travel, can you supply your own transportation?	_____	_____
3. Have you ever been employed in the state or county service of Ohio?	_____	_____

If you are currently a State employee: Job Title \_\_\_\_\_

High School Graduate (please circle) **YES NO**

Name and Location of High School (City & State) \_\_\_\_\_

GED Certification Number \_\_\_\_\_

GED Issued by \_\_\_\_\_

If you have or are currently attending college, please list Level \_\_\_\_\_

Pursuant to Ohio Administrative Code Section 5123-2-02, the Putnam County Board of Developmental Disabilities is required to conduct background investigations for purposes of employment. Please note that per 5123-2-02, 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 5123-2-02. 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.

\_\_\_\_\_  
Signature Date

## WORK EXPERIENCE

In the area below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **If more space is needed to identify past employers, please attach additional sheet.**

Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ *May we contact*  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ *present/previous*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_ *employer?*  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name and Title **YES or NO**

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Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ *May we contact*  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ *present/previous*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_ *employer?*  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name and Title **YES or NO**

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Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ *May we contact*  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ *present/previous*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_ *employer?*  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name and Title **YES or NO**

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Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ *May we contact*  
Address \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ *present/previous*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_ *employer?*  
Reason for leaving \_\_\_\_\_ Job Duties \_\_\_\_\_ Supervisor's Name and Title **YES or NO**

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## CERTIFICATION

I certify that the answers I have provided to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed. I understand that I am responsible for the accuracy of this application. I also understand that a background check will be required prior to employment, and, in accordance with the Drug-Free Workplace Program, applicable drug testing requirements. I waive all provisions of law forbidding colleges or universities which I attended or past employers from disclosing information to the Human Resources Department of the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon completion of all pre-employment requirements.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## **Putnam County Board of Developmental Disabilities Disclosure and Release**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from the Bureau of Criminal Identification and Investigation (BCII), Federal Bureau of Investigation (FBI), local or out of state sheriffs' offices. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

A criminal records check is required to be conducted and satisfactorily completed in accordance with section 109.572 of the Ohio Revised Code if the applicant comes under final consideration for appointment or employment as a precondition of employment in a position.

I authorize, without reservation, Putnam County Board of DD to contact the abovementioned agencies and any party or agency contacted by those agencies to furnish the abovementioned information.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License State

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**REFERENCE RELEASE FORM**  
**PUTNAM COUNTY BOARD OF DD**

Applicant's Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I have applied for a position with the Putnam County Board of DD. Before I may be considered a "qualified applicant" I must be able to provide a reference release form. Please feel free to provide the information requested to the Putnam County Board of DD. I have voluntarily consented to full disclosure. I have read and understand that the questions asked below are relevant to their hiring decision. Your cooperation will be fundamental in my prospective employment with this agency. Thank you for your consideration and assistance.

I hereby authorize the release of the below information to Putnam County Board of DD without any legal liability for the party that furnished the information.

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\* ADMINISTRATIVE USE ONLY \*\***

1. Hire Date: (m/d/y) \_\_\_\_\_ Status (check one)  Full Time  Part Time  Sub

Resigned (m/d/y) \_\_\_\_\_ 2. What was the individual's job title? \_\_\_\_\_

3. Did you supervise this individual?  Yes  No

4. What were the job duties performed? \_\_\_\_\_

5. Did the individual receive any promotions while employed by your organization? If yes, what were they? \_\_\_\_\_

6. What exceptional work related strengths did this individual possess? \_\_\_\_\_

7. Did this individual often do more than was reasonably expected? \_\_\_\_\_

8. Was this individual dependable? \_\_\_\_\_ 9. Why did this individual leave your organization? \_\_\_\_\_

10. If given an opportunity to do so, would you rehire this individual?  Yes  No

If not, why? \_\_\_\_\_

Signature of individual completing form \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Organization Name \_\_\_\_\_

## Attestation and Agreement to Notify Employer

I hereby attest that I have not: 1) been convicted of, 2) pleaded guilty to, or 3) been found eligible for intervention in lieu of conviction, for any of the disqualifying offenses listed below and agree that I will notify my employer, \_\_\_\_\_, (Employer's Name) within 14 calendar days, if while employed, I am formally charged with, am convicted of, plead guilty to, or am found eligible for intervention in lieu of conviction for any of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Applicant's Name Printed)

### Tier 1 Disqualifying Offenses (Permanent Exclusion):

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse and neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (human trafficking)
2905.33 (unlawful conduct with respect to documents)
2907.02 (rape)
2907.03 (sexual battery)
2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor)
2907.05 (gross sexual imposition)
2907.06 (sexual imposition)
2907.07 (importuning)
2907.08 (voyeurism)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful to juveniles)
2907.32 (pandering obscenity)
2907.321 (pandering obscenity involving a minor)

2907.322 (pandering sexually oriented matter involving a minor)
2907.323 (illegal use of minor in nudity-oriented material or performance)
2909.22 (soliciting/providing support for act of terrorism)
2909.23 (making terrorist threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

## Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapon)
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging a firearm at or into a habitation or school)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking in drugs)
2925.04 (illegal manufacture of drugs or cultivation of marihuana)
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)
3716.11 (placing harmful objects in food or confection)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

### Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)
2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)
2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marihuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

### Tier 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting after positive human immunodeficiency virus test)
2907.25 (prostitution)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)
2913.11 (passing bad checks)
2913.21 (misuse of credit cards)

2913.31 (forgery, forging identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)
2921.32 (obstructing justice)
2921.321 (assaulting/harassing police dog or horse/service animal)
2921.51 (impersonation of peace officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)
2925.11 (drug possession other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain dangerous drugs)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine product)
2925.56 (unlawful sale of pseudoephedrine product)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

**PUTNAM COUNTY BOARD OF DD**

**STATE OF OHIO**

**COUNTY OF PUTNAM**

\_\_\_\_\_ **BEING DULY SWORN, DEPOSES AND SAYS:**  
(Name)

1. The affiant (referred to in this affidavit as the "applicant") is applying for the position of \_\_\_\_\_ at the Putnam County Board of Developmental Disabilities (referred to in this affidavit as the "Board").

2. The applicant understands that the Board is required to conduct a criminal records check of all new employees, including gathering a set of impressions of the applicant's fingerprints, a reference check of past and present employers, and a review of certain databases. The applicant further understands that, if the applicant is applying for a position which includes transporting individuals with developmental disabilities, a copy of the applicant's abstract regarding the record of convictions for violations of motor vehicle laws will be requested from the registrar of motor vehicles. The applicant agrees to sign all forms necessary for the Board (or the Board's designee) to receive this information and understands that failure to do so means the Board will not employ the applicant. **By signing below, the applicant hereby consents to the Board conducting the criminal records check required under Ohio law.**

**(Applicants: Check either 3 or 4 but not both)**

\_\_\_\_\_ 3. The applicant states that he/she has been a resident of Ohio for the five year period preceding this application. The applicant agrees to provide proof to the Board that he/she has been a resident of Ohio for the five year period preceding this application.

\_\_\_\_\_ 4. The applicant states that he/she has not been a resident of Ohio for the five year period preceding this application.

**(Applicants: Check either 5 or 6 but not both)**

\_\_\_\_\_ 5. The applicant states that he/she has not been convicted of or plead guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit. The applicant states that he/she has read Exhibit 1 as acknowledged by applicant's initials on every page of Exhibit 1.

\_\_\_\_\_ 6. The applicant states that he/she has been convicted or plead guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit. The applicant states that he/she has read Exhibit 1 as acknowledged by applicant's initials on every page of Exhibit 1. For each offense for which the applicant has been convicted or plead guilty the applicant states:

- a. The original charge was \_\_\_\_\_
- b. The conviction was for \_\_\_\_\_
- c. The date of the conviction was \_\_\_\_\_
- d. The sentence was \_\_\_\_\_
- e. The date of the completion of all term of the sentence was \_\_\_\_\_

f. The circumstances of the crime were as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The applicant understands that, in accordance with Section 109.572 of the Ohio Revised Code, the Board is entitled to information regarding all convictions or guilty pleas of the applicant with respect to offenses listed or described in Exhibit 1, including those that have been expunged or sealed under Ohio law. **The applicant understands that he/she must disclose such expunged or sealed convictions to the Board.**

8. The applicant agrees to inform the Board, **within 14 calendar days**, if, while the applicant is employed by the Board, the applicant is ever formally charged with, convicted of, or pleads guilty to, any of the offenses listed in Exhibit 1. The applicant understands that failure to report formal charges, a conviction or a guilty plea, to the Superintendent may result in the applicant being dismissed from Board employment.

9. The applicant states that the above information is complete, true and accurate under penalty of perjury.

10. The applicant understands that the accuracy of this information is a condition of employment and that the Board is relying on the accuracy of this information in making any offer of employment to the applicant.

11. The applicant understands that he/she may be discharged if any of the above information is false, incomplete, or misleading.

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_  
**Signature of Affiant**

**Date:** \_\_\_\_\_

Sworn to and subscribed before me at \_\_\_\_\_, Ohio, this \_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public**

**My commission expires:**  
\_\_\_\_\_