

Adams County Board of DD
3964 Wheat Ridge Road
West Union, Ohio
937-544-2574
FAX 937-544-2223

Venture Productions, Inc.
11516 St. Rt. 41, West Union, Ohio
937-544-2823 FAX 937-544-7213

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Any information solicited by this application is not to be construed as a solicitation of information to render a decision based upon race, color, religion, age, sex, national origin or ancestry of any person, but is only to be used in determining the applicant's ability to meet the job criteria and perform the job satisfactorily.

Instructions:

1. It is important to answer all questions fully and accurately.
2. If an item does not apply to you, please write in the letter N/A for "not applicable."
3. Applications will remain on file for two years.



1. DATE _____ 2. SOCIAL SECURITY NUMBER _____

3. NAME (last) _____ (first) _____ (middle) _____

4. PERMANENT ADDRESS: _____ TEMPORARY ADDRESS (until date _____)

Phone: _____ Phone: _____

5. DATE AVAILABLE FOR EMPLOYMENT _____

6. ARE YOU AN AMERICAN CITIZEN? YES () NO ()
7. PRESENTLY A MEMBER OF THE NATIONAL GUARD OF RESERVE? YES () NO ()
Date obligation ends _____
8. MILITARY SERVICE _____ DISCHARGE DATE _____
9. ARE YOU 18 YEARS OF AGE OR OLDER? YES () NO ()

TYPE OF CLASSIFIED EMPLOYMENT DESIRED:

_____ Secretary (WPM _____) _____ Cook _____ Janitorial _____

_____ Educational Aide _____ Bus Driver _____

_____ Workshop Specialist _____

Do you have a valid driver's license? _____

Do you have a CDL passenger license? _____

TYPE OF CERTIFIED EMPLOYMENT DESIRED (REQUIRES A DEGREE)

_____ Service and Support Administrator _____ Fiscal Operations _____

10. If a full-time position is not available in any of the above classified areas, are you interested in being a substitute? YES () NO ()

(Applicants who are called for substitute work and who regularly fail to respond will be removed from the substitute list .)

11. EMPLOYMENT EXPERIENCE: List all full-time employment in chronological order, with present employment first. (Use additional pages as necessary)

Name/Address of Employer _____

Duties _____

Dates Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Name/Address of Employer _____

Duties _____

Dates Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Name/Address of Employer _____

Duties _____

Dates Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Name/Address of Employer _____

Duties _____

Dates Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

12. Have you ever been convicted of a felony or misdemeanor? YES () NO ()

Describe _____

13. Do you have more than 4 points on your driver's license? _____

14. Please state the name and relationship of any relatives in our employ. _____

15. Do you require any reasonable accommodations to perform the job? _____

16. REFERENCES: Please list the name, position, and phone number of three individuals by whom you would like a reference given. These should not be relatives or neighbors, but professional members of the community.

A. _____ Phone: _____

Occupation: _____

B. _____ Phone: _____

Occupation: _____

C. _____ Phone: _____

Occupation: _____

17. EDUCATION:

High School _____ Location _____ Please attach copy of diploma.
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School or College	Location	Date attended	Degree and date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach original transcripts.

18. Special training, knowledge, certificates, permits, etc:

CPR current _____	Microsoft Excel _____	Microsoft Word _____
First Aid current _____	Computer troubleshooting _____	
Behavior Support _____	Other _____	

19. Any other information you may consider pertinent to your application. _____

PLEASE READ CAREFULLY BEFORE SIGNING:

The information as submitted on this application is accurate to the best of my knowledge. I understand that falsification of any information submitted on this application shall be cause for dismissal from service.

Signature of applicant _____ Date _____