



## APPLICATION FOR EMPLOYMENT

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

Submit this application with two letters of reference by email to [hrdept@murrayridgecenter.org](mailto:hrdept@murrayridgecenter.org)

APPLICANT INFORMATION			
Last Name	First Name	Middle Initial	Application Date:
Street Address		City, State, Zip	
Home Phone # <small>(include area code)</small>	Cell Phone # <small>(include area code)</small>	Email address	

Application # (HR only)

First position for which you are applying
Second position for which you are applying
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)
Do you currently receive pay to provide services to one or more persons with disabilities? <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/Area of Study	Graduated	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	GED
				<b>Level of Degree</b>
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	
Summarize Other Related Training, Skills, or Qualifications:				

## EMPLOYMENT HISTORY

Provide your employment history beginning with most recent first • A resume may not be used as a substitution for completing

Employer	Position Held
Address (City, State, Zip)	Phone (area code)
Supervisor Name / Title	Dates Employed: _____ to _____
Major Responsibilities	
Reason for Leaving	Ending Wage: \$ _____ per _____

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Address (City, State, Zip)	Phone (area code)
Supervisor Name / Title	Dates Employed: _____ to _____
Major Responsibilities	
Reason for Leaving	Ending Wage: \$ _____ per _____

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Address (City, State, Zip)	Phone (area code)
Supervisor Name / Title	Dates Employed: _____ to _____
Major Responsibilities	
Reason for Leaving	Ending Wage: \$ _____ per _____

Employer	Position Held
Address (City, State, Zip)	Phone (area code)
Supervisor Name / Title	Dates Employed: _____ to _____
Major Responsibilities	
Reason for Leaving	Ending Wage: \$ _____ per _____

## PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATION

Ohio Department of Education Certificate:			
Type	Grade	Expiration Date	
Ohio Department of DD Certificate:			
Type	Level	Status	Expiration Date
Other: Type			Expiration Date
Have you ever had a license, registration or certificate revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain)			



## APPLICANT'S AGREEMENT

I authorize LCBDD (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my current and past employment to include contacting my current and past employers. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. I grant permission for this application and attachments, if any, to be duplicated and distributed to LCBDD employees responsible for reviewing, interviewing and recommending applicants for employment and to LCBDD employees responsible for personnel records.

I understand and agree that an offer of employment is subject to and conditioned upon the results of a pre-employment physical, including a drug/alcohol screening and tuberculosis test or chest x-ray, verifying my fitness for duty and ability to perform the essential functions of the position with or without reasonable accommodation and I consent to the examinations and such future examinations as may be required by LCBDD.

I understand and agree, that as a condition of employment and continued employment, I shall meet and maintain any and all required standards for my position, including but not limited to certification, registration, licensure and/or training. I further understand and agree that in order to renew a certification, registration or licensure, or otherwise as a condition of continued employment, I may be required to enroll in and successfully complete college courses, classes, seminars and/or other job-related training which may be at my expense.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for disqualification for employment or termination of my employment, at the discretion of LCBDD. By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

(updated 1/31/2023)

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

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

### **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.