

JEFFERSON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

256 John Scott Highway, Steubenville, Ohio 43952
Phone (740) 264-7176 Fax (740) 264-0399

APPLICATION FOR EMPLOYMENT

NAME _____

Last

First

Middle

DATE _____

POSITION APPLIED FOR _____

TO ALL APPLICANTS

(Please read carefully)

Thank you for your interest in employment with the Jefferson County Board of Developmental Disabilities. The Board operates a county agency providing services on a daily basis for citizens of Jefferson County who have developmental disabilities. In completing your application, please be sure to provide as much detail as possible. Answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application. There is no need to have your application notarized prior to submission. Return the completed application to the Personnel Department at the address above. Applications may be accepted for positions that are posted and available. Applications that are properly completed and received in a timely manner will remain active for a period of 60 days. During the active period, your application will be made available to the supervisor in the facility where the available position exists. After 60 days, your application will be considered inactive and removed from active consideration. In the event you are interested in available, posted positions after 60 days, you will need to complete a new application.

HIRING PROCESS

When completed applications are received by the Personnel Department, they are reviewed and made available to the supervisors in the facilities where appropriate openings exist. Because there are generally many more applicants than open positions, we cannot promise an interview for each applicant. Interviews will be scheduled by the supervisor based upon the applicant's qualifications (e.g. education, related experience, etc.) date of application, position openings at that time, etc. All applicants under final consideration for employment with the Board shall submit to a criminal background investigation as required by law. Depending upon the position, the applicant may also be requested to submit a certified abstract from the Ohio Bureau of Motor Vehicles indicating a record of convictions for violation of motor vehicle laws and/or the applicant may be requested to participate in a drug screening test at a location designated by the Board. Following the initial interview with the supervisor in the facility, applicants may be recommended for an additional interview with the superintendent. Though such interviews are scheduled promptly, the total process above may take several weeks.

AN EQUAL OPPORTUNITY EMPLOYER

The Board does not discriminate in its hiring practices and will take whatever affirmative action is necessary to offer equal opportunity employment without regard to race, color, sex, sexual orientation, gender identity, age, national origin, ancestry, religion, physical or mental disability or veteran status. It ensures to comply with all federal, state and local laws.

TO ALL APPLICANTS:

Thank you for your interest in employment with Jefferson County Board of DD. When completing your application, answer all questions thoroughly. Type or print clearly. If you need assistance completing the application, please advise the Human Resources Office. Be sure your signature and the date appear on the last page of the application and return the completed application to the Human Resources Office at the above address. All applications will be kept on active status for sixty days. If you are not hired but are still interested in employment with this organization after sixty days, you will need to complete a new application.

Check if any apply to you:

- (a.) _____ You are an employee of an agency contracting to provide services with the Jefferson County Board of Developmental Disabilities (hereafter referred to as the "Board).
- (b.) _____ You are an immediate family member of an employee of an agency contracting to provide services with the Board.
- (c.) _____ You have an immediate family member who serves as a county commissioner for Jefferson County.
- (d.) _____ You are employed by, have an ownership interest in, perform or provide administrative duties for, or are a member of the governing board of an entity that provides specialized services to people with disabilities, regardless of whether the entity contracts with the Board to provide specialized services.

If you answered yes to any of the above, AND you are applying and are hired to work with us in a position that is defined as a management position or a professional position or a service position, you can only be employed by Jefferson County Board of DD and the other individual, agency or other entity at the same time if the following (Ohio Law 5126.033) conditions are met and approved according to the Ethics policy of the Jefferson County Board of Developmental Disabilities.

I certify that I will declare, now or in the future, any connection to another direct service agency for which my employment with the Jefferson County Board of Developmental Disabilities could create a conflict of interest as outlined in items (a) to (d).

Signature/date

JEFFERSON COUNTY BOARD OF DD
Equal Employment Opportunity Statistical Supplement
(Completion of this form is **OPTIONAL**)

APPLICATION FOR EMPLOYMENT

E-mail address: www.jcbdd.com

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Email Address: _____

Referral Source: Advertisement Employee Relative Walk-in Employment Agency

Name of Source (if applicable) _____

Position(s) applying for: _____

Type of employment desired: Full Time Part Time Substitute Seasonal

Have you ever applied for employment with us before? Yes No

If yes, for what position(s)? _____ Date: _____

Have you ever been employed with us before? Yes No

If yes, what position(s)? _____ Date: _____

Are you legally eligible for employment in this country? Yes No

Have you ever been discharged or requested to resign for a position? Yes No

On what date can you be available to work? _____ Desired Salary _____

Have you ever had a certificate, license, or registration revoked or suspended? Yes No

If yes, explain: _____

Are you 18 years or older? Yes No

Are you now or have you ever been a member of a state retirement system in Ohio? Yes No

Do you have a current, valid Ohio Driver's license? Yes No Commercial Driver's license? Yes No

Have you ever served in the U.S. Armed Services? Yes No If yes, what branch: _____

Describe Training: _____

EDUCATION

Type	Complete Name and Address	Years Completed (Circle)	Graduated (Circle)	Degree/Major
High School/GED*		1 2 3 4	Yes No	
College*		1 2 3 4	Yes No	
Post Graduate*		1 2 3 4	Yes No	
Business/Trade or Other*		1 2 3 4	Yes No	

* Please submit transcripts (copies for application-official transcripts necessary at time of hire)

Computer Skills: PC Windows Microsoft Office Microsoft Word Excel
 Databases Internet Others (list) _____

Office Skills: Typing Filing Accounting Multi-line phone system
 Fax Copier Data Entry Shorthand Others (list) _____

Maintenance Skills: Electrical Plumbing HVAC Carpentry Masonry Painting
 Plastering Janitorial Engines Others (list) _____

Please list any pertinent skills and/or additional training: _____

CERTIFICATION/LICENSURE/REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. Be sure to enclose copies of the applicable document(s) and complete the information below if relevant to the position(s) for which you have applied.

Certification from the Ohio Department of Education: Type: _____
Grade _____ Expiration Date _____

Certification or Registration from the Ohio Department of DD: Type: _____
Grade _____ Expiration Date _____

Please list other certificates, registrations, or licenses you have that are required for the position(s) for which you applied. _____

EMPLOYMENT HISTORY

List most recent first. Use additional sheet if necessary. If your job title or duties changed during employment with any one employer please list as separate employers. A resume may not be used as a substitute for completing this application.

Employer: _____ Telephone No: _____

Address: _____

Name & Title of Supervisor: _____

Job Title: _____ Dates of Employment: _____ to _____

Starting Salary: \$ _____ Ending Salary: \$ _____ May we contact? Yes No

Describe Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone No: _____

Address: _____

Name & Title of Supervisor: _____

Job Title: _____ Dates of Employment: _____ to _____

Starting Salary: \$ _____ Ending Salary: \$ _____ May we contact? Yes No

Describe Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone No: _____

Address: _____

Name & Title of Supervisor: _____

Job Title: _____ Dates of Employment: _____ to _____

Starting Salary: \$ _____ Ending Salary: \$ _____ May we contact? Yes No

Describe Responsibilities: _____

Reason for leaving: _____

REFERENCES

(Please list 3 individuals whom we may contact for a professional recommendation, excluding relatives.)

	Full Name	Address	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OI4B No 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U S Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9</i> <i>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section I Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A		OR	List B		AND	List C	
Identity and Employment Authorization			Identity			Employment Authorization	
Document Title		Document Title		Document Title		Document Title	
Issuing Authority		Issuing Authority		Issuing Authority		Issuing Authority	
Document Number		Document Number		Document Number		Document Number	
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)	
Document Title		Additional Information		OR Code - Sections 2 & 3 Do Not Write in This Space		OR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority							
Document Number							
Expiration Date (if any)(mm/dd/yyyy)							
Document Title							
Issuing Authority							
Document Number							
Expiration Date (if any)(mm/dd/yyyy)							

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

EXHIBIT 1 TO AFFIDAVIT OF _____
APPLICANT FOR EMPLOYMENT WITH THE JEFFERSON COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES

An applicant, unless the applicant is legally rehabilitated, may not be hired by a County Board of Developmental Disabilities if the applicant has been convicted of or pled guilty to any of the following:

TIER ONE (Permanent Exclusion):

The Board shall not employ an applicant or continue to employ and employee if the applicant or employee has been convicted of or pled guilty to any of the following sections of the Ohio Revised Code:

1. R.C. 2903.01 Aggravated Murder
2. R.C. 2903.02 Murder
3. R.C. 2903.03 Voluntary Manslaughter
4. R.C. 2903.11 Felonious Assault
5. R.C. 2903.15 Permitting Child Abuse
6. R.C. 2903.16 Failing to provide for a functionally impaired person
7. R.C. 2903.34 Patient Abuse or neglect
8. R.C. 2903.341 Patient Endangerment
9. R.C. 2905.01 Kidnapping
10. R.C. 2905.02 Abduction
11. R.C. 2905.32 Human Trafficking
12. R.C. 2905.33 Unlawful conduct with respect to documents
13. R.C. 2907.02 Rape
14. R.C. 2907.03 Sexual Battery
15. R.C. 2907.04 Unlawful sexual conduct with a minor (formerly corruption of a minor)
16. R.C. 2907.05 Gross Sexual Imposition
17. R.C. 2907.06 Sexual Imposition
18. R.C. 2907.07 Importuning
19. R.C. 2907.08 Voyeurism
20. R.C. 2907.12 Felonious sexual penetration as it existed prior to September 3, 1996
21. R.C. 2907.31 Disseminating matter harmful to juveniles
22. R.C. 2907.32 Pandering obscenity
23. R.C. 2907.321 Pandering obscenity involving a minor
24. R.C. 2907.322 Pandering sexually oriented matter involving a minor
25. R.C. 2907.323 Illegal use of a minor in nudity-oriented material or performance
26. R.C. 2909.22 Soliciting/providing support for act of terrorism
27. R.C. 2909.23 Making terrorist threat
28. R.C. 2909.24 Terrorism
29. R.C. 2913.40 Medical Fraud

APPLICANT MUST INITIAL IN THE FOLLOWING SPACE _____

- 30. R.C. 2923.01 Conspiracy - when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 31. R.C. 2923.02 Attempt – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 32. R.C. 2923.03 Complicity – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 33. 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 offense set forth in section 2913.46 of the Ohio Revised Code (illegal use of supplemental nutrition assistance program or women, infants, and children program benefits)
- 34. A violation of an existing or former municipal ordinance or law of this state of any other state, or the United States that is substantially equivalent to any of the offenses or violations described in this tier of this Exhibit.

TIER TWO (Ten-Year Exclusion):

The Board shall not employ an applicant or continue to employ an employee for a period of ten years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of or pled guilty to any of the following sections of the Ohio Revised Code:

- 35. R.C. 2903.04 Involuntary Manslaughter
- 36. R.C. 2903.041 Reckless Homicide
- 37. R.C. 2905.04 Child stealing (as it existed prior to July 1, 1996)
- 38. R.C. 2905.05 Criminal child enticement
- 39. R.C. 2905.11 Extortion
- 40. R.C. 2907.21 Compelling prostitution
- 41. R.C. 2907.22 Promoting prostitution
- 42. R.C. 2907.23 Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another
- 43. R.C. 2909.02 Aggravated Arson
- 44. R.C. 2903.03 Arson
- 45. R.C. 2911.01 Aggravated Robbery
- 46. R.C. 2911.11 Aggravated Burglary
- 47. R.C. 2913.46 Illegal use of supplemental nutrition assistance program or women, infants, and children program benefits
- 48. R.C. 2913.48 Workers Compensation fraud
- 49. R.C. 2913.49 Identity Fraud
- 50. R.C. 2917.02 Aggravated Riot
- 51. R.C. 2923.12 Carrying concealed weapon
- 52. R.C. 2923.122 Illegal conveyance, possession of a deadly weapon or dangerous ordnance in a school safety zone and illegal possession of an object indistinguishable from a firearm in a school safety zone

APPLICANT MUST INITIAL IN THE FOLLOWING SPACE _____

53. R.C. 2923.123 Illegal conveyance, possession or control of a deadly weapon or dangerous ordnance into a courthouse
54. R.C. 2923.13 Having weapons while under disability
55. R.C. 2923.161 Improperly discharging a firearm at or into a habitation or school
56. R.C. 2923.162 Discharge of firearm on or near prohibited premises
57. R.C. 2923.21 Improperly furnishing firearms to a minor
58. R.C. 2923.32 Engaging in a pattern of corrupt activity
59. R.C. 2923.42 Participation in criminal gang activity
60. R.C. 2925.02 Corrupting another with drugs
61. R.C. 2925.03 Trafficking in drugs
62. R.C. 2925.04 Illegal manufacture of drugs or cultivation of marijuana
63. R.C. 2925.041 Illegal assembly or possession of chemicals for the manufacture of drugs
64. R.C. 3716.11 Placing harmful objects in food or confection
65. R.C. 2923.01 Conspiracy – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
66. R.C. 2923.02 Attempt – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
67. R.C. 2923.03 Complicity – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
68. A violation of an existing or former municipal ordinance or law of this state, or any other state, or the United States that is substantially equivalent to any of the offenses or violations described in this tier of this Exhibit

TIER THREE (Seven Year Exclusion)

The Board shall not employ an applicant or continue to employ an employee for a period of seven years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of or pled guilty to any of the following sections of the Ohio Revised Code:

69. R.C. 959.13 Cruelty to animals
70. R.C. 959.131 Prohibitions concerning companion animals
71. R.C. 2903.12 Aggravated Assault
72. R.C. 2903.21 Aggravated Menacing
73. R.C. 2903.211 Menacing by Stalking
74. R.C. 2905.12 Coercion
75. R.C. 2909.04 Disrupting Public Services
76. R.C. 2911.02 Robbery
77. R.C. 2911.12 Burglary
78. R.C. 2913.47 Insurance Fraud
79. R.C. 2917.01 Inciting to Violence
80. R.C. 2917.03 Riot
81. R.C. 2917.31 Inducing Panic
82. R.C. 2919.22 Endangering Children
83. R.C. 2919.25 Domestic Violence

APPLICANT MUST INITIAL IN THE FOLLOWING SPACE

- 84. R.C. 2921.03 Intimidation
- 85. R.C. 2921.11 Perjury
- 86. R.C. 2921.13 Falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license
- 87. R.C. 2921.34 Escape
- 88. R.C. 2921.35 Aiding escape or resistance to lawful authority
- 89. R.C. 2921.36 Illegal conveyance of weapons, drugs, or other prohibited items into grounds of detention facility or institution
- 90. R.C. 2925.05 Funding of drugs or marijuana trafficking
- 91. R.C. 2925.06 Illegal administration or distribution of anabolic steroids
- 92. R.C. 2925.24 Tampering with drugs
- 93. R.C. 2927.12 Ethnic intimidation
- 94. R.C. 2923.01 Conspiracy – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 95. R.C. 2923.02 Attempt – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 96. R.C. 2923.03 Complicity – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 97. A violation of an existing or former municipal ordinance or law of this state, or any other state, or the United States that is substantially equivalent to any of the offenses or violations described in this tier of this Exhibit

TIER FOUR (Five year exclusion)

The Board shall not employ an applicant or continue to employ an employee for a period of five years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of or pled guilty to any of the following sections of the Ohio Revised Code:

- 98. R.C. 2903.13 Assault
- 99. R.C. 2903.22 Menacing
- 100.R.C. 2907.09 Public Indecency
- 101.R.C. 2907.24 Soliciting after a positive HIV test
- 102.R.C. 2907.25 Prostitution
- 103.R.C. 2907.33 Deception to obtain matter harmful to juveniles
- 104.R.C. 2911.13 Breaking and entering
- 105.R.C. 2913.02 Theft
- 106.R.C. 2913.03 Unauthorized use of a vehicle
- 107.R.C. 2913.04 Unauthorized use of property; computer, cable or telecommunication property
- 108.R.C. 2913.05 Telecommunications fraud
- 109.R.C. 2913.11 Passing bad checks
- 110.R.C. 2913.21 Misuse of credit cards
- 111.R.C. 2913.31 Forgery, forging identification cards
- 112.R.C. 2913.32 Criminal simulation
- 113.R.C. 2913.41 Defrauding a rental agency or hostelry

APPLICANT MUST INITIAL IN THE FOLLOWING SPACE _____

- 114.R.C. 2913.42 Tampering with records
- 115.R.C. 2913.43 Securing writings by deception
- 116.R.C. 2913.44 Personating an officer
- 117.R.C. 2913.441 Unlawful display of law enforcement emblem
- 118.R.C. 2913.45 Defrauding Creditors
- 119.R.C. 2913.51 Receiving stolen property
- 120.R.C. 2919.12 Unlawful Abortion
- 121.R.C. 2919.121 Unlawful Abortion upon a minor
- 122.R.C. 2919.123 Unlawful Distribution of an abortion-inducing drug
- 123.R.C. 2919.23 Interference with custody
- 124.R.C. 2919.24 Contributing to unruliness or delinquency of a child
- 125.R.C. 2921.12 Tampering with evidence
- 126.R.C. 2921.21 Compounding a crime
- 127.R.C. 2921.24 Disclosure of confidential information
- 128.R.C. 2921.32 Obstructing Justice
- 129.R.C. 2921.321 Assaulting/harassing a police dog, horse/service animal
- 130.R.C. 2921.51 Impersonation of peace officer
- 131.R.C. 2925.09 Illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug
- 132.R.C. 2925.11 Drug possession other than a minor drug possession offense
- 133.R.C. 2925.13 Permitting drug abuse
- 134.R.C. 2925.22 Deception to obtain a dangerous drug
- 135.R.C. 2925.23 Illegal processing of drug documents
- 136.R.C. 2925.36 Illegal dispensing of drug samples
- 137.R.C. 2925.55 Unlawful purchase of receipt of pseudoephedrine product
- 138.R.C. 2925.56 Unlawful sale of pseudoephedrine product
- 139.R.C. 2923.01 Conspiracy – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 140.R.C. 2923.02 Attempt – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 141.R.C. 2923.03 Complicity – when the underlying offense is any of the offenses or violations described in this tier of this Exhibit
- 142.A violation of an existing or former municipal ordinance or law of this state or any other state, or the United States that is substantially equivalent to any of the offenses or violations described in this tier of this Exhibit

TIER FIVE (No Exclusion)

The Board may employ an applicant or continue to employ an employee if the applicant or employee has been convicted of or pled guilty to any of the following sections of the Ohio Revised Code:

- 143.R.C. 2925.11 Drug possession that is minor drug possession offense
- 144.R.C. 2925.14 Illegal use or possession of drug paraphernalia

APPLICANT MUST INITIAL IN THE FOLLOWING SPACE _____

145.R.C. 2925.141 Illegal use or possession of marijuana drug paraphernalia

146. A violation of an existing or former municipal ordinance or law of this state, or any other state, or the United States that is substantially equivalent to any of the offenses or violations described in this tier of this Exhibit

APPLICANT MUST INITIAL IN THE FOLLOWING SPACE

JEFFERSON COUNTY BOARD OF DD

STATE OF OHIO

COUNTY OF JEFFERSON

_____ 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 JEFFERSON 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:

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

Signature of Affiant

Date