



AUTHORIZATION FORM
JOB POSTINGS - OCDA WEBSITE
rev. 2009-07

Contact name _____ Phone _____

Title of position posted _____ Email _____

Organization _____

Date posting was submitted online via web form ____/____/____

By signing below, the undersigned certifies that the job posting that was submitted electronically via the ohiocda.org web form to the OCDA webmaster and/or committee member is accurate to the best of their knowledge and is a valid vacancy of the position. I understand that OCDA reserves the right to not publish the posting without warning and is not liable for any errors related to the job posting or any other matters related to this job posting. OCDA further reserves the right to discontinue postings of jobs without warning. I understand that the posting will be available for viewing on the website for 60 days from the submission before being deleted.

Contact signature

Date

SUBMIT THE FORM BY FAX, MAIL, OR SCAN IN AND EMAIL TO:

James Vaughn
OCDA - Job Posting
217 S Main St
Van Buren OH 45889

FAX: 419-299-3668

EMAIL: jobs@ohiocda.org

OFFICE USE ONLY:

Date submitted electronically _____

Date form received _____

Posted? _____

Date to be deleted _____