



Ohio Civil Service Application

for State and County Agencies

GEN-4268 (REVISED 06/08)

The state of Ohio is an Equal Opportunity Employer and provider of ADA services.

POSITION:	AGENCY:	POSITION NUMBER:
------------------	----------------	-------------------------

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		DATE OF BIRTH - Year Not Required Month Day	
ADDRESS: (Street, City, State, ZIP Code)			
HOME PHONE:		ALTERNATE PHONE:	E-MAIL ADDRESS:
DRIVER'S LICENSE NUMBER: <input type="checkbox"/> Yes <input type="checkbox"/> No STATE:		CLASS:	LEGAL RIGHT TO WORK IN THE U. S.: <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

PREFERRED SALARY:		ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
SHIFTS YOU WILL ACCEPT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)			

EDUCATION

HIGH SCHOOL NAME:		LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		OBTAINED GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCHOOL NAME (College/University):		LOCATION: (City, State)	
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:	
SCHOOL NAME (College/University):		LOCATION: (City, State)	
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:	
SCHOOL NAME (College/University):		LOCATION: (City, State)	
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:	

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You may submit a résumé *in addition* to completing this section. If applying for a civil service examination, only the information provided below will be considered. A résumé may not be used. If you need additional space, attach extra sheets to this application.

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			
DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			
DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYMENT HISTORY (Continued)

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			

CERTIFICATES AND LICENSES

TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS

OFFICE SKILLS: Typing Speed: Data Entry Speed:
COMPUTER SKILLS:
OTHER SKILLS:
LANGUAGE(S):

The purpose of questions 1-9 is to obtain information relevant to employment with the state of Ohio. Responses to these questions are required.

1. **SUMMARY OF QUALIFICATIONS**-In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any **position-specific qualifications** posted for this position or examination. If you need additional space, attach an extra sheet to this application.

2. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

3. Are you a current state of Ohio employee?

Yes No

4. If you are a current state of Ohio employee, please provide your Employee ID number. If you are not a current state of Ohio employee, please indicate N/A.

5. If you are not a current state of Ohio employee, have you ever been employed by the state of Ohio? (If you are a current state of Ohio employee, please select N/A.)

Yes No N/A

6. If you were previously employed by the state of Ohio, please choose one of the following:

- Employment ended prior to 12-01-2004.
 Employment ended on or after 12-01-2004.
 N/A - Not previously employed by the state of Ohio or current state employee.

7. Have you ever been convicted of a felony? (A felony conviction may not automatically exclude you from consideration.)

Yes No

8. If you answered Yes to the previous question, please give date(s) of conviction(s) and explain. If you answered No, please indicate N/A.

9. How did you learn about this employment or examination opportunity?

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> careers.ohio.gov | <input type="checkbox"/> Monster.com | <input type="checkbox"/> Trade journal | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Ohiojobs.com | <input type="checkbox"/> Other Internet Web site | <input type="checkbox"/> State of Ohio Employee Referral | <input type="checkbox"/> Other |
| <input type="checkbox"/> GovernmentJobs.com | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Civil Service test announcement | |

CERTIFICATION

I certify that the answers I have made 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 and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or 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 proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant _____

Date _____

**STATE OF OHIO
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to questions 10-15 are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____

Date _____

Agency _____

Position Number _____

10. OPTIONAL: Sex

Male Female

11. OPTIONAL: Please select your age group.

- Under 18
- 18-25
- 26-39
- 40-54
- 55-69
- 70+

12. OPTIONAL: Race/Ethnicity

- WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK** or **AFRICAN AMERICAN** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** or **LATINO**: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent (for example, China, India, Japan and Korea).
- NATIVE HAWAIIAN** or **PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).
- AMERICAN INDIAN** or **ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- TWO** or **MORE RACES**: All persons having origins from more than one of the above categories.

13. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

14. OPTIONAL: Are you a veteran?

Yes No

15. OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.

- Disabled Veteran
- Vietnam Era Veteran
- Desert Storm/Shield Veteran

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.