Ohio Civil Service Application

for State and County Agencies

GEN-4268 (REVISED 01/12)

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: ☐ Yes ☐ No **STATE:** **CLASS:**		**LEGAL RIGHT TO WORK IN THE U. S.:** ☐ Yes ☐ No

PREFERENCES	
PREFERRED SALARY:	**ARE YOU WILLING TO RELOCATE?** ☐ Yes ☐ No ☐ Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? ☐ Regular ☐ Temporary	**TYPES OF WORK YOU WILL ACCEPT:** ☐ Full-Time ☐ Part-Time
SHIFTS YOU WILL ACCEPT: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends ☐ On Call (as needed)	

EDUCATION		
HIGH SCHOOL NAME:	**LOCATION: (City, State)**	**DID YOU GRADUATE?** ☐ Yes ☐ No
CHECK YEAR COMPLETED: ☐ 9 ☐ 10 ☐ 11 ☐ 12		**OBTAINED GED?** ☐ Yes ☐ No
SCHOOL NAME (College/University):		**LOCATION: (City, State)**
CHECK YEAR COMPLETED: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	**DID YOU GRADUATE?** ☐ Yes ☐ No	**MAJOR:**
DEGREE RECEIVED:		**NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:**
SCHOOL NAME (College/University):		**LOCATION: (City, State)**
CHECK YEAR COMPLETED: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	**DID YOU GRADUATE?** ☐ Yes ☐ No	**MAJOR:**
DEGREE RECEIVED:		**NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:**
SCHOOL NAME (College/University):		**LOCATION: (City, State)**
CHECK YEAR COMPLETED: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	**DID YOU GRADUATE?** ☐ Yes ☐ 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:** ☐ Yes ☐ 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:** ☐ Yes ☐ 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:** ☐ Yes ☐ 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:** ☐ Yes ☐ 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:** ☐ Yes ☐ 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 1-11 is to obtain information relevant to employment with the State of Ohio.
Responses to these questions are required.

1. Please indicate your county of residence. _____

2. **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.

3. 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.

4. Are you a current State of Ohio employee?
   ___Yes, I'm a permanent employee
   ___Yes, I'm an interim or intermittent employee
   ___Yes, I'm a temporary, seasonal or project employee
   ___Yes, I'm a fixed term or established term employee
   ___No, I'm not a State of Ohio employee

5. If you are a current State of Ohio employee, please provide your eight (8) digit, OAKS ID number. If you are not a current State of Ohio employee, **please type N/A**. _____

6. 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

7. 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.

8. If you were previously employed by the State of Ohio, have you ever plead guilty or been convicted of a misdemeanor, for violation of Ohio Revised Code 1347.15 (H)(1) and/or (H)(2) - Access rules for confidential personal information?
   ___ Yes ___ No

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

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

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

___ careers.ohio.gov	___ Monster.com	___ Trade journal	___ Walk-in
___ Ohiomeansjobs.com	___ Other Internet Web site	___ State of Ohio Employee Referral	___ Other
___ GovernmentJobs.com	___ Newspaper	___ 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 12-17 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_____

12. **OPTIONAL**: Sex

___Male ___Female

13. **OPTIONAL**: Please select your age group.

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

14. **OPTIONAL**: Race/Ethnicity

- ☐ **WHITE**: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **BLACK** or **AFRICAN AMERICAN**: 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 Subcontinent (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.
- ☐ **OTHER**: Please self define. _____

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

___Yes ___No

16. **OPTIONAL**: Are you a veteran?

___Yes ___No

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

- ☐ **MILITARY STATUS**: The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.
- ☐ **DISABLED VETERAN**: A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- ☐ **DESERT STORM/SHIELD VETERAN**: A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- ☐ **VIETNAM ERA VETERAN**: A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.