

EMPLOYMENT HISTORY (Continued)

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|--|---------------|---|
| DATES: From: To: | EMPLOYER: | POSITION TITLE: |
| ADDRESS: (Street, City, 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, 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 1-8 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 12-02-2004.
 - N/A - Not previously employed by the State of Ohio or current state employee.

8. How did you learn about this **employment opportunity**?

| | | |
|---|---|--|
| <input type="checkbox"/> careers.ohio.gov | <input type="checkbox"/> Facebook | <input type="checkbox"/> Trade Journal |
| <input type="checkbox"/> GovernmentJobs.com | <input type="checkbox"/> Twitter | <input type="checkbox"/> Career/Recruitment Fair |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> State of Ohio Employee Referral |
| <input type="checkbox"/> Other Job Board | <input type="checkbox"/> Other Social Media | |

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 9-14 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:

9. OPTIONAL: Gender

- Male Female

10. OPTIONAL: Please select your age group.

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

11. 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 person or 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.

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

- Yes No

13. Have you ever served in the U.S. military or uniformed services?

- Yes No

14. If you answered "yes" to the previous question, please indicate if one or more of the following apply:

- DISABLED VETERAN: A person who has a current service-connected disability as determined by the U.S. Department of Veterans Affairs.
- POST 9-11 ERA VETERAN: A person who served in the military or uniformed services for any period after September 11, 2001.
- GULF WAR ERA VETERAN: A person who served in the military or uniformed services for any period between August 2, 1990 and September 10, 2001.
- COLD WAR/PEACETIME ERA VETERAN: A person who served in the military or uniformed services for any period between May 8, 1975 and August 1, 1990.
- VIETNAM ERA VETERAN: A person who served in the military or uniformed services for any period between August 5, 1964 and May 7, 1975.