

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: A	ALTERNATE PHONE:		E-MAIL ADDRESS:
DRIVER'S LICENSE NUMBER:			LEGAL RIGHT TO WORK IN
☐ Yes ☐ No STATE:		CLASS:	THE U. S.: Yes No
PREFERENCES			
PREFERRED SALARY: ARE YOU WILLING TO RELOCATE?			LING TO RELOCATE?
☐ Yes ☐ N			
		RK YOU WILL ACCEPT:	
Regular Temporary SHIFTS YOU WILL ACCEPT:		Full-Time	Part-Time
	otating	ands On Call	(as needed)
Day Evening Night Night			(as needed)
***************************************	EDUCA		
HIGH SCHOOL NAME:	LOCATIO	N: (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:	DID YOU GRADUATE?		MAJOR:
	Yes No		
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:			
D. EDG	THE OWN	POSTEVOV EVEN E	
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:	EMPLOYER:	POSITION TITLE:	
From: To:			
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:	EMPLOYER:		POSITION TITLE:
From: To:			
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:	EMPLOYER:		POSITION TITLE:
From: To:			
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 1-9 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? YesNo
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.)
YesNoN/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.) YesNo
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?
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 State as required by the Immigration Reform and Control Act.

Date

Signature of Applicant

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.

Pos	osition Applied For	
Age	gency	Position Number
10.	. OPTIONAL: Sex	
	MaleFemale	
11.	. OPTIONAL: Please select your age group.	
	Under 18	
	18-25	
	26-39	
	40-54	
	55-69	
	70+	
12.	. 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 person	ons having origins in any of the Black racial groups of Africa.
	HISPANIC or LATINO: All persons of Mexic	can, 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, Ja	pan and Korea).
	NATIVE HAWAIIAN or PACIFIC ISLAND	ER: All persons having origins in any of the original peoples of the
	Hawaiian Islands and Pacific Islands (for ex	ample, Hawaii, Philippine Islands and Samoa).
	AMERICAN INDIAN or ALASKAN NATIV	E: All persons having origins in any of the original peoples of North
	America and who maintain cultural identifica	ation through tribal affiliation or community recognition.
	OTHER: Please self define	
13.	. OPTIONAL: Are you an individual with a physical or me	ntal impairment which substantially limits one or more of your major
	life activities?	
	YesNo	
14.	. OPTIONAL: Are you a veteran?	
	YesNo	
15.	. OPTIONAL: If you answered Yes to the previous question	on, 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	ve duty for training, full-time National Guard duty.
	DISABLED VETERAN : A person whose of	discharge or release from active duty was for a disability incurred or
	aggravated in the line of duty.	
	DESERT STORM/SHIELD VETERAN: A p	person whose active duty was performed after August 2, 1990, in the
	Persian Gulf Conflict.	
	VIETNAM ERA VETERAN: A person serve	ed on active duty for a period of more than 180 days, any part of which
	occurred between August 5, 1964, and May	7, 1975.