

**APPLICANT SURVEY**

Please do not tear off this section. Agency personnel will detach and process this section separately.

**NOTE:** We request the information below and on the reverse side of this Applicant Survey in order to assist our equal employment opportunity efforts. This information is **voluntary** and will in no way affect the processing of your application or your being considered for employment.

This Applicant Survey should be submitted with the Ohio Civil Service Application. The agency will process this survey separately and use the information for statistical purposes only.

Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If you are applying for a specific position, please indicate:

Job Title \_\_\_\_\_

Position Control Number (PCN) \_\_\_\_\_

Agency/Department \_\_\_\_\_

If you are applying for a civil service examination, please indicate:

Exam No. \_\_\_\_\_

Exam Title \_\_\_\_\_

How did you learn about this position or examination?

Centralized Recruitment Office

Civil Service test announcement

Electronic/computer posting

Paper vacancy posting

Newspaper

Other \_\_\_\_\_



**Ohio Civil Service Application**

for State and County Agencies GEN-4268 (Revised 06/97)

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

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 be rejected. It is your responsibility to assure that your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to fill out both sides of this form. Also please note that this completed form will become a public record when submitted to a government agency.

If applying for a **VACANT POSITION**, fill in the information in the area below:

Job Title \_\_\_\_\_ Position Control Number (PCN) \_\_\_\_\_

Agency \_\_\_\_\_ Deadline Date \_\_\_\_\_

If applying for a **CIVIL SERVICE EXAMINATION**, fill in the information in the area below. For civil service examinations, a résumé may *not* be used as a substitute for completing this application. Check the "Military Credit Claim" box to request Military Credit. **NOTE:** In order to claim U.S. military service credit on your examination score, you must submit a *copy* of your Honorable Separation from active duty or DD214 with this application, and be a current resident of the state of Ohio.

Exam Title \_\_\_\_\_ Exam No. \_\_\_\_\_

Deadline Date \_\_\_\_\_  Military Credit Claim

**SUMMARY OF QUALIFICATIONS**

In the area below, describe briefly 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. *Be sure to provide details of your background on the other side of this application.*

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**DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY**

APPROVED  ANALYST  \_\_\_\_\_

DISAPPROVED  EDUCATION  EXPERIENCE  LATE  INCOMPLETE  OTHER

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security Number    -   -

The following information will be used only if it is directly related to the position or examination for which you are applying:

	<b>YES</b>	<b>NO</b>
1. Are you willing and able to secure an Ohio Driver License, if a license is required?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the position requires travel, can you supply your own transportation? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been employed in the state or county service of Ohio? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you are currently a State employee: Job Title _____ B.U. _____		
4. Have you ever been convicted of a felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
(A felony conviction may not automatically exclude you from consideration.)		

If you answered "YES" to question #3 or #4, please explain fully, indicating by number the question to which you are responding. \_\_\_\_\_

**LICENSES, REGISTRATION, AND CERTIFICATES**

Be sure to include any valid driver license or commercial driver license if required for the job title.

License/Certification Issued by	Field/Trade/Specialization	License/Certificate Number	Expires

**SOCIAL SECURITY NUMBER NOTICE**

Social Security Numbers (SSNs) are used to match individuals with their application/examination file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

**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 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, 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.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENCY - SEPARATE APPLICANT SURVEY FROM APPLICATION FORM

**SEX**  
 Male  Female

**DATE OF BIRTH**  
 /  /   
 Month Day Year

**RACE**

White Persons having origins in any of the original peoples of Europe or the Middle East.

Black Persons having origins in any of the black racial groups of Africa.

Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native American or Alaskan Native Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islanders Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.

**DISABILITY**  
 Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?  
 Yes  No

**VETERAN STATUS**  
 Are you a Veteran?  
 Yes  No  
 Disabled Veteran  
 Vietnam Era Veteran  
 Desert Storm/ Shield Veteran

AGENCY - SEPARATE APPLICANT SURVEY FROM APPLICATION FORM

**EXPERIENCE**

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** In order 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 copies of this page.**

Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Salary _____ Supervisor's Name and Title _____
Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Salary _____ Supervisor's Name and Title _____
Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Salary _____ Supervisor's Name and Title _____
Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Salary _____ Supervisor's Name and Title _____

**EDUCATION**

High School Graduate?  NO  YES  
 Name and Location of High School (city and state) \_\_\_\_\_  
 GED Certificate Number \_\_\_\_\_ GED Issued by \_\_\_\_\_  
 Are you currently attending school (for College Intern and Student Help positions)?  
 NO  YES Level: \_\_\_\_\_

**POST-HIGH SCHOOL EDUCATION**  
 INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

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.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

**TRAINING AND OTHER QUALIFICATIONS**  
 (Do not include coursework already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: \_\_\_\_\_

List special clerical skills, including typing and shorthand: \_\_\_\_\_ Typing Speed: \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

**TO AGENCY PERSONNEL:**  
 Detach and store separately.