



Ohio Civil Service Application

for State and County Agencies

GEN-4268 (REVISED 3/16)

The State of Ohio Is an Equal Opportunity Employer and provider of ADA services.

POSITION: <input style="width: 95%;" type="text"/>	AGENCY: <input style="width: 95%;" type="text"/>	POSITION NUMBER: <input style="width: 95%;" type="text"/>
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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) <input style="width: 95%;" type="text"/>		DATE OF BIRTH - Year Not Required Month <input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/>	
ADDRESS: (Street, City, State, ZIP Code) <input style="width: 95%;" type="text"/>			
HOME PHONE: <input style="width: 95%;" type="text"/>	ALTERNATE PHONE: <input style="width: 95%;" type="text"/>	E-MAIL ADDRESS: <input style="width: 95%;" type="text"/>	
DRIVER'S LICENSE: (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		LEGAL RIGHT TO WORK IN THE U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREFERENCES

PREFERRED SALARY: <input style="width: 95%;" type="text"/>	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: <input style="width: 95%;" type="text"/>	LOCATION: (City, State) <input style="width: 95%;" type="text"/>	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) <input style="width: 95%;" type="text"/>		LOCATION: (City, State) <input style="width: 95%;" type="text"/>
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: <input style="width: 95%;" type="text"/>
DEGREE RECEIVED: <input style="width: 95%;" type="text"/>		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED: <input style="width: 50px;" type="text"/>
SCHOOL NAME: (College/University) <input style="width: 95%;" type="text"/>		LOCATION: (City, State) <input style="width: 95%;" type="text"/>
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: <input style="width: 95%;" type="text"/>
DEGREE RECEIVED: <input style="width: 95%;" type="text"/>		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED: <input style="width: 50px;" type="text"/>
SCHOOL NAME: (College/University) <input style="width: 95%;" type="text"/>		LOCATION: (City, State) <input style="width: 95%;" type="text"/>
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: <input style="width: 95%;" type="text"/>
DEGREE RECEIVED: <input style="width: 95%;" type="text"/>		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED: <input style="width: 50px;" type="text"/>

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 resume **in addition** to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. **If you need additional space, attach extra sheets to this application.**

DATES: From: <input style="width: 80%;" type="text"/> To: <input style="width: 80%;" type="text"/>	EMPLOYER: <input style="width: 95%;" type="text"/>	POSITION TITLE: <input style="width: 95%;" type="text"/>
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL: <input style="width: 95%;" type="text"/>	PHONE NUMBER: <input style="width: 95%;" type="text"/>	SUPERVISOR: <input style="width: 95%;" type="text"/>
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HOURS PER WEEK: <input style="width: 95%;" type="text"/>	SALARY: <input style="width: 95%;" type="text"/>	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From: <input style="width: 80%;" type="text"/> To: <input style="width: 80%;" type="text"/>	EMPLOYER: <input style="width: 95%;" type="text"/>	POSITION TITLE: <input style="width: 95%;" type="text"/>
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL: <input style="width: 95%;" type="text"/>	PHONE NUMBER: <input style="width: 95%;" type="text"/>	SUPERVISOR: <input style="width: 95%;" type="text"/>
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HOURS PER WEEK: <input style="width: 95%;" type="text"/>	SALARY: <input style="width: 95%;" type="text"/>	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From: <input style="width: 80%;" type="text"/> To: <input style="width: 80%;" type="text"/>	EMPLOYER: <input style="width: 95%;" type="text"/>	POSITION TITLE: <input style="width: 95%;" type="text"/>
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL: <input style="width: 95%;" type="text"/>	PHONE NUMBER: <input style="width: 95%;" type="text"/>	SUPERVISOR: <input style="width: 95%;" type="text"/>
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HOURS PER WEEK: <input style="width: 95%;" type="text"/>	SALARY: <input style="width: 95%;" type="text"/>	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

EMPLOYMENT HISTORY (Continued)

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

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

CERTIFICATES AND LICENSES

TYPE: <input type="text"/>	
LICENSE NUMBER: <input type="text"/>	ISSUING AGENCY: <input type="text"/>
TYPE: <input type="text"/>	
LICENSE NUMBER: <input type="text"/>	ISSUING AGENCY: <input type="text"/>

SKILLS

OFFICE SKILLS: Typing Speed: <input type="text"/> Data Entry Speed: <input type="text"/>	
COMPUTER SKILLS: <input type="text"/>	
OTHER SKILLS: <input type="text"/>	
LANGUAGE(S): <input type="text"/>	

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: _____