

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: Patrol Corrections Dispatch Civil Other: _____ (choose all that apply)	AGENCY: Ross County Sheriff's Office	POSITION NUMBER: n/a
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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)		DATE OF BIRTH - Year Not Required Month Day
ADDRESS: (Street, City, State, ZIP Code)		
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
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:	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:	LOCATION: (City, State)	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)		LOCATION: (City, State)
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
DEGREE RECEIVED:		MAJOR: NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
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
DEGREE RECEIVED:		MAJOR: NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
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
DEGREE RECEIVED:		MAJOR: 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 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: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
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HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
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HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
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HOURS PER WEEK: _____	SALARY: _____	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: _____ 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: Patrol Corrections Dispatch Civil Other: _____
(choose all that apply)

Date:

Agency: Ross County Sheriff's Office

Position Number: n/a

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.



Ross County Sheriff's Office

George W. Lavender, Jr., Sheriff

28 N. Paint Street, Chillicothe, Ohio 45601
740.773.1186 www.rosssheriff.com

EMPLOYMENT WAIVER AND RELEASE OF INFORMATION

I, _____ (applicant's printed name), do hereby authorize the Ross County Sheriff's Office (RCSO) or any of its agents, servants or designees to conduct a full background check into my past activities, including but not limited to education, employment, health, credit, reputation, military record, and any factors which such agents may deem proper and necessary in order to properly determine my fitness to serve in the capacity as an employee of the Ross County Sheriff's Office.

I authorize the Federal Bureau of Investigations, the Ohio Bureau of Identifications and Investigations, the Ohio Bureau of Motor Vehicles, the Ross County Sheriff's Office, the Chillicothe Police Department, and any other person, business, or institution to release records and information to the Ross County Sheriff, hereby releasing the originating person, business, institution, or agency from all liability for providing correct information.

I authorize the Ross County Sheriff's Office to conduct interviews with any persons, relatives, associates, former associates, employers, ex-employers, psychiatrists, physicians, ex-physicians, etc., for this background check.

I specifically authorize any of these persons to allow the Ross County Sheriff's Office or his agents to inspect, copy and or obtain any and all records in their possession which they may request and to which I would be personally entitled that pertain to my work history, physical conditions and other appropriate records of employment.

I also authorize the release of pertinent records including birth certificates, operator's license, diplomas, degrees or certificates that verify educational achievements and all documents pertaining to military service and also naturalization documents.

I hereby authorize the use of my date of birth as an identifier for the purposes of this background investigation. (NOTICE: The date of birth herein requested will play no part in the selection process and is requested only because various crime computers utilize D.O.B.'s as a method of identification.)

I hereby stipulate that the Ross County Sheriff's Office, or designee, may substitute a photo static copy for the original of this authorization.

Signature of Applicant

Date

Signature of RCSO employee accepting application

Date the application is received