



Ohio Civil Service Application for State and County Agencies

GEN-4268 (REVISED 01/12)

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

POSITION:	AGENCY:	POSITION NUMBER:
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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:	
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No STATE:		LEGAL RIGHT TO WORK IN THE U. S.: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CLASS:			

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		MAJOR:	
DEGREE RECEIVED:				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		MAJOR:	
DEGREE RECEIVED:				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		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:
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ADDRESS: (Street, City, State, 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, State, 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:
---	------------------	------------------------

ADDRESS: (Street, City, State, 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, State, 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, State, 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 1-11 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 12-01-2004.
- N/A - Not previously employed by the State of Ohio or current state employee.

8. If you were previously employed by the State of Ohio, have you ever plead guilty or been convicted of a misdemeanor, for violation of Ohio Revised Code 1347.15 (H)(1) and/or (H)(2) - Access rules for confidential personal information?

- Yes No

9. Have you ever been convicted of a felony? (A felony conviction may not automatically exclude you from consideration.)

- Yes No

10. If you answered Yes to the previous question, please give date(s) of conviction(s) and explain. **If you answered No, please type N/A.**

11. How did you learn about this employment or examination opportunity?

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> careers.ohio.gov | <input type="checkbox"/> Monster.com | <input type="checkbox"/> Trade journal | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Ohioeansjobs.com | <input type="checkbox"/> Other Internet Web site | <input type="checkbox"/> State of Ohio Employee Referral | <input type="checkbox"/> Other |
| <input type="checkbox"/> GovernmentJobs.com | <input type="checkbox"/> Newspaper | <input type="checkbox"/> 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 States as required by the Immigration Reform and Control Act.

Signature of Applicant _____ Date _____

**STATE OF OHIO
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to questions 12-17 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 _____

12. OPTIONAL: Sex

___ Male ___ Female

13. OPTIONAL: Please select your age group.

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

14. 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 persons of 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. _____

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

___ Yes ___ No

16. OPTIONAL: Are you a veteran?

___ Yes ___ No

17. OPTIONAL: If you answered Yes to the previous question, 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 duty for training, full-time National Guard duty.
- DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.

SUPPLEMENTAL EMPLOYMENT AGREEMENT

I, _____, do hereby agree that as a condition of my initial employment, satisfactory completion of my probationary period and continued employment with the state of Ohio, that if I am now or ever become subject to a lawful agreement or court order requiring me to pay child support, I will pay all monies required by such agreement or order in a timely fashion as provided in such agreement or order. In the event any arrearage exists at the time of my initial employment or occurs subsequently, I agree to satisfactorily liquidate such arrearage in accordance with any subsequent agreement or order.

Signature

Date

Distribution: White - Submit with application.

Canary - Retain at agency.

ADM 4288 (12/1999)

State of Ohio
Supplemental Nepotism Statement

- I have no known relatives or business associates currently employed by the State of Ohio
- I have relatives or business associates currently employed by the State of Ohio and have listed them below:

Relatives or Business Associates

Name	Relationship	Position	Department

- I have no interest in any business which currently or has in the past done business with the State of Ohio.
- I have business interests which are or have been involved in state business and have listed them below:

Business Interests

Name of Business	My Interest	Summary of Services

Signature	Date
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STATE OF OHIO

Unclassified Service Explanation and Acknowledgment per O.R.C. 124.12

1. **Employees in the unclassified civil service of the State of Ohio do NOT have a property interest in their positions.**
2. **Employees in the unclassified civil service of the State of Ohio will never gain a property interest in their unclassified positions regardless of the amount of time they remain in their unclassified positions.**
3. **Employees in the unclassified civil service of the State of Ohio serve at the pleasure of the appointing authority and may be removed from their unclassified position at any time and for any legal reason.**
4. **Employees who are removed from positions in the unclassified civil service of the State of Ohio do not have appeal rights to the State Personnel Board of Review.**

For all employees appointed to an unclassified position:

I, _____ (name), acknowledge the following:

- I have read and understand the information provided above about the nature of employment in the unclassified civil service of the State of Ohio.
- I acknowledge that the position of _____ (position title) that I occupy at _____ (agency) is in the unclassified service per O.R.C. 124.11(A) (_____) **OR** O.R.C. _____.
- I sign this form and accept appointment to this position in the unclassified service knowingly and voluntarily, and I acknowledge that I serve at the pleasure of the appointing authority, and that I have no protection under the civil service laws of the State of Ohio.

Employee's Signature

Date

Additional acknowledgment for employees appointed FROM a classified position:

In addition to what is written above I, _____ (name) acknowledge the following:

- I sign this form and accept the appointment to this position in the unclassified service knowingly and voluntarily, and I acknowledge that I may have fall back rights as provided by O.R.C. 124.11(D) **OR** other statutory authority as indicated above.

Employee's Signature

Date

ADDRESS CHANGE / MUNICIPAL TAX LIABILITY FORM

Name _____ EMPLID _____ Effective Date _____

HOME ADDRESS: _____

City _____ State _____ Zip _____ County _____

School District _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

Home Phone Number _____ Cell Phone Number _____

Email Address _____

MAILING ADDRESS: (Street or P.O. Box Address) _____

City _____ State _____ Zip _____ County _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

EMPLOYMENT ADDRESS:

City _____ State _____ Zip _____ County _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

EMPLOYMENT ADDRESS (if more than one work location): _____

City _____ State _____ Zip _____ County _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

The State of Ohio is responsible to deduct city taxes for the city of employment.

Employee Signature

Date

ADDRESS CHANGE CHECKLIST

Below is a guideline to consider when a State of Ohio employee changes their address.

Necessities:

Complete an Address Change/Municipal Tax Liability Form and return to Agency.

List the school district name and name of city limits the new residence is within, if any.

Notification to PERS, utilize form found on PERS website listed below.

http://www.opers.org/publicationsforms/pdf_forms/F50.pdf#zoom=100. Return to PERS.

Other considerations:

Health Care enrollment is based on the zip code of the employee's residence. If the address change results in a zip code change as well, you will need to verify that you are still eligible for the health care coverage that you are currently enrolled in.

Credit Union Members need to notify the credit union of their new address as well.

Deferred Comp members need to notify the program by either sending a letter to:

Ohio Public Employees Deferred Compensation Program Customer Service Facility

257 E. Town Street

Suite 401

Columbus, Ohio 43215

Or by going online at www.ohio457.org, or calling 1-877-644-6457.

Union Members and Fair Share employees should contact their union representative to change their address.

Supplemental Life Insurance Company, if you are enrolled, should be notified.

Updating Direct Deposit JANET!

Step 1 Visit <http://myohio.gov>. Enter your User ID and Password and click **Sign In**.
For User ID and Password assistance please contact 1-800-409-1205.



Step 2 Move your cursor over the **Time & Money** tab in the top toolbar after logging in.
Select **Direct Deposit** from the drop-down list.



Step 3 To change existing account information click **Edit**.
To add an account, click **Add Account**.
Note: To view account details click the desired account in the **Account Type** column.

Review, add or update your direct deposit information.

Direct Deposit Detail							
Account Type	Routing Number	Account Number	Deposit Type	Amt/Pct	Deposit Order		
Savings	923456786	*****1234	Percent	9.99%	9	Edit	Delete
Checking	923456786	*****1212	Balance		999	Edit	
Add Account							

[Return to Payroll and Compensation](#)

Step 4

Enter your account information.

When the information is complete click **Save**.

Note: Click **View check example** for check details (ex: routing and account number). Fields with an asterisk * are required.

Your Bank Information

Routing Number: [View check example](#)

Distribution Instructions

Account Number: Reenter Account Num

*Account Type:

*Deposit Type:

Amount/Percent:

Deposit Order: (example: 1 = first account processed)

Save

[Return to Direct Deposit](#)

* Required Field

Travelers, please note that any expense reimbursement will be to your "Balance" account.

DEFINITION OF FIELDS:

Routing Number: The first nine digits that appear across the bottom of a personal check; they identify the financial institution.

Account Number: Number specific to your account that directs funds into a specific account.

Account Type: Refers to either a checking or savings account.

Deposit Type: Is the specific dollar amount, percentage of your net pay or remaining balance amount to be paid to this account.

Amount/Percent: The whole dollar amount or percentage of a dollar amount to be deposited into the account.

Deposit Order: The order in which the depositing of funds into the account will be processed. Example, "1" indicates this account will be paid first with the specified amount or percentage.

Direct Deposit

Add Direct Deposit

TEST NAMECHANGE

Your Bank Information

Routing Number: [View check example](#)

Distribution Instructions

Account Number: Reenter Account Num

*Account Type:

*Deposit Type:

Amount/Percent:

Deposit Order: (example: 1 = first account processed)

Save

[Return to Direct Deposit](#)

* Required Field

Note: Click **Delete** to remove an account.

Confirm the deletion of the account by clicking the appropriate button displayed:

Yes - Delete **No - Do Not Delete**

An email confirming you have submitted a change will be sent to your email on file.

Updating W-4 Tax Information

Step 1 Visit <http://myohio.gov>. Enter your User ID and Password and click **Sign In**.
For User ID and Password assistance please contact 1-800-409-1205.



Step 2 Move your cursor over the **Time & Money** tab in the top toolbar after logging in.
Select **W-4 Tax Information** from the drop-down list.



Step 3 Click **W-4 Tax Information** to view and edit your Federal tax information.
View and/or update tax information.
When form is completed click **Submit**.

Note: If your last name differs from what shows on your social security card call 1-800-772-1213 for a new card.

W-4 Tax Data

Enter total number of Allowances you are claiming:

Enter Additional Amount, if any, you want withheld from each paycheck:

Indicate Marital Status: Single Married

Check here and select Single status if married but withholding at single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, select 'Single' status.

Check here if your last name differs from that shown on your social security card.
You must call 1-800-772-1213 for a new card.

Claim Exemption

I claim exemption from withholding for and I certify that I meet BOTH of the following conditions for exemption:

>> Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND

>> This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

Check 'Exempt' here if you meet both conditions.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

[Return to Payroll and Compensation](#)

Verify Identity

Step 4

Type the password you used to log in to verify your identity.

Click **Continue** to submit your W-4 changes.

To protect your privacy, verify your identity by typing your password. If you are not this user, click **Sign Out**.

User ID: 10007917

Password

Continue

Cancel

An email confirming you have submitted a change will be sent to your email on file.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of
Taxation**

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town	State	Zip Code



Employer Completes Next Page



Section 2 Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write In This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code

Section 3 Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B Documents that Establish Identity</p>	<p align="center">LIST C Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p>For persons under age 18 who are unable to present a document listed above:</p>	
	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office. Each new employee has thirty (30) days after beginning employment to confirm receipt of this information. By signing below you are acknowledging that the Ohio Department of Natural Resources provided you information about the fraud reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before mentioned fraud reporting system.

I, _____ have read the information provided by my employer regarding the fraud reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

Print Name, Title and Division/Office

Signature

Date

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ **Employee ID#** _____

Employer Name Ohio Department of Natural Resources **Employer ID#** 1104 _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945

Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



Ohio Department of Natural Resources

JOHN R. KASICH, GOVERNOR

JAMES ZEHRINGER, DIRECTOR

FROM: Office of Human Resources

RE: Department Policies and Procedures

Welcome to the Ohio Department of Natural Resources. We are pleased that you chose employment with us. Please be advised that you will be responsible for review and compliance with the Ohio Department of Natural Resources policies and procedures. You can access the policies and procedures on the department's website at <http://ohiodnr.com/tabid/23703/Default.aspx>.

Employee Name: _____

Division/Office: _____

Classification/Job Title: _____ Appointment Type: _____

Bargaining Unit: _____ Classified/Unclassified: _____

Employee Initial	Representative Initial	
		Employee's probationary period is _____ days (120, 180, 365)
		Employee received health insurance information Date to be submitted __/__/__ (Within 31 days from the date of hire)
		Employee received one on one orientation information
		Employee received random drug test information (if applicable)
		Employee ID processed

I understand that if I operate any licensed state vehicle without a valid driver's license, I am subject to disciplinary action and possible criminal charges. I also understand that if my driving privileges are expired, revoked or suspended for any reason, I am required to notify my supervisor as soon as possible.

By signing below, I acknowledge that I have received notice of my responsibility for knowledge and compliance with the information included in this document.

Employee Signature

Date

Department Representative Signature

Date