OHIO LEGISLATIVE SERVICE COMMISSION
SUPPORT STAFF APPLICATION

PERSONAL INFORMATION			
LAST NAME	FIRST	MIDDLE	
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE	E-MAIL ADDRESS		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? (YES ____) (NO ____)	MINIMUM SALARY REQUIREMENTS: _____		

EDUCATIONAL BACKGROUND		
SCHOOL ATTENDED	**DATES**	**DEGREE**

REFERENCES WHO ARE FAMILIAR WITH YOUR WORK (i.e., Employers, Professors)		
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
DAYTIME TELEPHONE	DAYTIME TELEPHONE	DAYTIME TELEPHONE

DO WE HAVE YOUR PERMISSION TO CONTACT THE PERSONS LISTED AS REFERENCES? (YES ____) (NO ____)

EMPLOYMENT RECORD (Provide information for last three consecutive jobs. Start with your current or last employer.)		
EMPLOYER	EMPLOYER	EMPLOYER
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
DAYTIME TELEPHONE	DAYTIME TELEPHONE	DAYTIME TELEPHONE
SUPERVISOR	SUPERVISOR	SUPERVISOR
DATES OF EMPLOYMENT	DATES OF EMPLOYMENT	DATES OF EMPLOYMENT
ANNUAL SALARY	ANNUAL SALARY	ANNUAL SALARY

DO WE HAVE YOUR PERMISSION TO CONTACT THE SUPERVISORS LISTED ABOVE? (YES ____) (NO ____)

LIST ANY WORD PROCESSING, SPREADSHEET, OR DATABASE APPLICATIONS YOU HAVE USED.	TYPING SPEED:

WHAT WERE YOUR PRIMARY DUTIES IN YOUR MOST RECENT JOB?

OTHER INFORMATION

ARE YOU AVAILABLE TO WORK MORE THAN 40 HOURS PER WEEK WHEN NECESSARY? (YES___) (NO___)	ARE YOU AVAILABLE TO WORK NIGHTS AND WEEKENDS WHEN NECESSARY? (YES___) (NO___)

LIST THE PERSONAL CHARACTERISTICS, ASSETS, OR SKILLS THAT YOU WOULD BRING TO ANY EMPLOYMENT OPPORTUNITY.

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY A STATE AGENCY, LOCAL GOVERNMENT, SCHOOL DISTRICT, OR PUBLIC COLLEGE OR UNIVERSITY? (YES___) (NO___) IF YES, PLEASE LIST:

DO YOU UNDERSTAND THAT, PRIOR TO EMPLOYMENT, A BACKGROUND CHECK WILL BE CONDUCTED?
(YES___) (NO___)

DO YOU UNDERSTAND THAT FALSIFICATION OF INFORMATION ON THIS FORM OR PROVIDING FALSE INFORMATION DURING ANY PART OF THE APPLICATION PROCESS, WHETHER IN WRITING OR VERBALLY, CAN RESULT IN TERMINATION OF EMPLOYMENT?
(YES___) (NO___)

I understand that employment with the Ohio Legislative Service Commission, at all times, is "at will" and may be terminated, at any time, and for any reason, by the Director of the Commission. Nothing in any agency manual or memorandum, or conveyed by any other agency employee, alters that "at will" status.

The answers I have made to the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding any school, college, or university that I attended, or past employers, from disclosing any information relevant to my employment, and I consent that they may disclose such information to the Ohio Legislative Service Commission.

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**

RETURN THIS APPLICATION TO OHIO LEGISLATIVE SERVICE COMMISSION, ATTN: STEFANIE THURMAN, VERN RIFFE CENTER, 77 S. HIGH ST., 9TH FLOOR, COLUMBUS, OH 43215-6136.

OHIO LEGISLATIVE SERVICE COMMISSION
AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK

Applicant Name: _____

(Please Print)

Please read the following statements carefully. Do not sign this authorization until you have done so.

1. I, the undersigned, an applicant for employment with the Ohio Legislative Service Commission (LSC), do hereby authorize LSC to obtain information from any person, corporation, or other entity concerning myself, including but not limited to: my employment, skills, work habits, ability to perform the essential functions of the job for which I am applying, academic records, criminal records, character, and legal history. I further authorize any person, corporation, or other entity to furnish that information. I understand that I must sign this document in order for my application for employment to be considered further.

2. I further release, discharge, and hold harmless LSC and any party delivering information to LSC as a result of this authorization, from any liability, claims, charges, costs, or causes of action that I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information in connection with this authorization.

3. I further understand and agree that the information for this employment reference check may be obtained through interviews with or written requests to parties having information that pertains to me and my history, and through requests to former employers, law enforcement agencies, academic institutions, governmental agencies, or any other entities.

4. My signature below indicates that all statements and representations made by me to LSC are true, and I understand that any misrepresentation or omission of significant or substantive information will be sufficient cause for cancellation of my consideration for employment, and if employed will be sufficient cause for termination.

BY SIGNING THIS AUTHORIZATION I HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND IT AND THAT I AUTHORIZE THE RESEARCH OF MY BACKGROUND AND THE RELEASE OF APPROPRIATE INFORMATION AND REPORTS, AS OUTLINED ABOVE.

_____

Applicant Signature Date

_____

Witness Signature Date

_____

Witness Name (please print)