



Ohio State University Extension Application

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Ohio State University Extension
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www.ashtabula.osu.edu

1. Personal Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street/P.O. Box/Apartment)

_____ (City) (State) (Zip Code)

Telephone Numbers:
 (Please ★ best way to reach you) _____
(Home Number) (Work Number) (Message Number) (Cell Number)

E-mail Address: _____ **Date:** _____

2. Education

| | Name of College / University attended: | Type of Degree And Date Conferred | Program or Major Coursework: |
|---------------|--|-----------------------------------|------------------------------|
| Undergraduate | | | |
| | | | |
| Graduate | | | |
| | | | |
| Other | | | |

3. Supplemental Information

Describe your experience and abilities in the following areas:

- Computer:

- Writing:

- Media (i.e., TV, radio, newspaper, magazines, etc.):

- Team building skills:

- Experience working with groups:

For recent graduates, list and describe student activities and university honors (including scholarship awards, judging teams, honorary organizations, athletics, etc.). Note leadership responsibilities where applicable.

4. Experience

| | |
|--|---|
| Current or Most Recent Position: _____ | |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | DATES OF EMPLOYMENT: From (Mo./Yr.): _____ To (Mo./Yr.): _____ |
| Description of duties, responsibilities: _____ _____ | |
| Place of Employment: _____ Address: _____ | |
| Supervisor's Name: _____ | Email: _____ |
| Department: _____ | Phone: _____ Fax: _____ |
| Final Salary: _____ | Reason for leaving: _____ |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| Current or Most Recent Position: _____ | |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | DATES OF EMPLOYMENT: From (Mo./Yr.): _____ To (Mo./Yr.): _____ |
| Description of duties, responsibilities: _____ _____ | |
| Place of Employment: _____ Address: _____ | |
| Supervisor's Name: _____ | Email: _____ |
| Department: _____ | Phone: _____ Fax: _____ |
| Final Salary: _____ | Reason for leaving: _____ |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| Current or Most Recent Position: _____ | |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | DATES OF EMPLOYMENT: From (Mo./Yr.): _____ To (Mo./Yr.): _____ |
| Description of duties, responsibilities: _____ _____ | |
| Place of Employment: _____ Address: _____ | |
| Supervisor's Name: _____ | Email: _____ |
| Department: _____ | Phone: _____ Fax: _____ |
| Final Salary: _____ | Reason for leaving: _____ |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| Current or Most Recent Position: _____ | |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | DATES OF EMPLOYMENT: From (Mo./Yr.): _____ To (Mo./Yr.): _____ |
| Description of duties, responsibilities: _____ _____ | |
| Place of Employment: _____ Address: _____ | |
| Supervisor's Name: _____ | Email: _____ |
| Department: _____ | Phone: _____ Fax: _____ |
| Final Salary: _____ | Reason for leaving: _____ |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

5. References

Following an initial screening of applications, we contact references of qualified candidates. We typically contact previous supervisors. Please indicate below if you would prefer we not contact a supervisor.

Do not contact the following supervisor: _____

| Please list at least three individuals who have knowledge of your work experience or educational training. Former employers, supervisors, professors are examples. Relatives or personal acquaintances should not be included. | | | |
|--|--------------|---------------|--------------------------|
| Name: | | Title: | Current Mailing Address: |
| Work Relationship (i.e., Professor): | Years Known: | Phone Number: | |
| E-mail address: | Fax Number: | | |
| Name: | | Title: | Current Mailing Address: |
| Work Relationship (i.e., Professor): | Years Known: | Phone Number: | |
| E-mail address: | Fax Number: | | |
| Name: | | Title: | Current Mailing Address: |
| Work Relationship (i.e., Professor): | Years Known: | Phone Number: | |
| E-mail address: | Fax Number: | | |
| Name: | | Title: | Current Mailing Address: |
| Work Relationship (i.e., Professor): | Years Known: | Phone Number: | |
| E-mail address: | Fax Number: | | |

6. General Questions (For questions 6-12 use additional sheets of paper if needed.)

- yes** **no** Are you a former employee of The Ohio State University or Extension? If yes, list date of last employment and your name at that time: _____
- yes** **no** Have you been enrolled as an Ohio State student within the last year or applied to enroll in the coming year? If yes, list most recent quarter and number of credit hours: _____
- yes** **no** Are you a U.S. citizen, permanent resident, or authorized to work in the United States?
- yes** **no** Are you an Ohio resident?
- yes** **no** Do you have a current, valid driver's license? Issuing state: _____
- List any professional / technical licenses / certificates related to your employment. Indicate license number and expiration date. (e.g. driver's license endorsements, RN, LPN, Animal Technician, Stationary Engineer, etc.). _____

Residents of Ohio who were honorably discharged veterans from active military service may obtain additional credit for Civil Service examination scores. Submission of this information is optional and documentation is required prior to taking the examination.

- yes** **no** Are you submitting with this application documentation of both active military service and type of discharge? _____
- yes** **no** Have you ever been dismissed from a position? If yes, you must explain where, when, and why: _____

- yes** **no** Have you ever been convicted of a criminal offense? If yes, you must provide details. A conviction will not necessarily be a bar to employment. The nature of the offense, when it occurred, and its job-relatedness will be considered. _____

- Indicate equipment you operate which may be used in the type of employment you are seeking (e.g. office equipment, copiers, computer, vehicles, agricultural equipment, electronic equipment, etc.). _____

7. How did you learn about employment opportunities with Ohio State University Extension?

Ohio State University Extension Human Resources website: <http://extensionhr.osu.edu/jobs.html>

Ohio State University Employment Services website: <http://jobsatosu.edu/>

Other website: _____

Newspaper ad: _____

County Extension Office: _____

Other: _____

Applications must be completed, signed, and dated to receive employment consideration. Resumes may be submitted for additional information, but not in place of the application. The university is required to verify identity and work authorization at the time of employment.



The successful candidate will be asked to complete, submit and have on file in the OSU Extension Human Resources Office a fingerprint criminal background report and a DMA (Declaration of Material Assistance) form before their start date.

TO BUILD A DIVERSE WORKFORCE OHIO STATE EXTENSION ENCOURAGES APPLICATIONS FROM INDIVIDUALS WITH DISABILITIES, MINORITIES, VETERANS, AND WOMEN. EEO/AA EMPLOYER. TDD# 1-800-589-8292.

Certification and Statement of Understanding

I certify that all of the information furnished in this employment application and its addenda are true and complete to the best of my knowledge. I understand that the university may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, convictions, or personal information to The Ohio State University and I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to the university.

I authorize the university to obtain information regarding my record with the Bureau of Motor Vehicles if the position for which I am applying requires driving. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment. I understand that any future offer of employment may be conditioned upon the results of examinations, physical or other, as may be necessarily required by the university. The university will pay the reasonable cost of any examination which may be required.

The Ohio State University is a drug-free workplace. Individuals offered employment at The Ohio State University may be required to successfully complete a pre-employment physical which includes drug testing. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

Signature _____

Date _____