

Applications must be **complete, 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 OHIO STATE UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

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 status, convictions, or other 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.

Identification

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City/State/Zip: _____

Phone #'s:
 (circle best # to reach you) Home Business Cell

Email (if applicable): _____

Education

Please circle last year of formal education **completed**:
Secondary School College &/or Vocational School
 7 8 9 10 11 12 1 2 3 4 Assc. BA MA PhD Other _____

	Name and Location of School	Type of Degree received. If none, then list number of years and credit hours completed	Course or Major Area of Study
Last High School			
College, University, Business, Technical or Military Schools			
Graduate School			
Other			

General Questions

(For questions 7-11 use additional sheets of paper if needed)

- yes no** Are you a former employee of The Ohio State University or Medical Center? If yes, list date of last employment and your name at that time:

- yes no** Have you been enrolled as an OSU 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 under the age of 18?
If yes, a copy of your school board work permit is required.
- yes no** Are you a U.S. citizen, permanent resident, or authorized to work in the United States?

- yes no** Do you have a valid driver's license?
- yes no** Are you an Ohio resident?
- 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, please describe the details including nature, circumstances, and date of the offense. 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 related to the type of employment you are seeking. (e.g. office equipment, copiers, computer, machine tools, vehicles, cleaning equipment, construction equipment, electronic equipment, etc.).

- Indicate training, qualifications, and skills (e.g. languages, software, professional memberships, etc.).

- List name, address, and phone number of two non-family references and how you know them.

Experience

Current or Most Recent Employment <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal <input type="radio"/> Temporary	Job Title: _____ Dates of employment: From (Mo./Yr.) _____ To (Mo./Yr.) _____
Employer Name and Address: _____	
Description of duties, responsibilities and equipment operated: _____ _____	
Supervisor Name and Phone: _____ Supervisor Title: _____	
Final Salary: _____	Reason for leaving: _____ May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Previous Employment <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal <input type="radio"/> Temporary	Job Title: _____ Dates of employment: From (Mo./Yr.) _____ To (Mo./Yr.) _____
Employer Name and Address: _____	
Description of duties, responsibilities and equipment operated: _____ _____	
Supervisor Name and Phone: _____ Supervisor Title: _____	
Final Salary: _____	Reason for leaving: _____ May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Previous Employment <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal <input type="radio"/> Temporary	Job Title: _____ Dates of employment: From (Mo./Yr.) _____ To (Mo./Yr.) _____
Employer Name and Address: _____	
Description of duties, responsibilities and equipment operated: _____ _____	
Supervisor Name and Phone: _____ Supervisor Title: _____	
Final Salary: _____	Reason for leaving: _____ May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Previous Employment <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal <input type="radio"/> Temporary	Job Title: _____ Dates of employment: From (Mo./Yr.) _____ To (Mo./Yr.) _____
Employer Name and Address: _____	
Description of duties, responsibilities and equipment operated: _____ _____	
Supervisor Name and Phone: _____ Supervisor Title: _____	
Final Salary: _____	Reason for leaving: _____ May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Previous Employment <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal <input type="radio"/> Temporary	Job Title: _____ Dates of employment: From (Mo./Yr.) _____ To (Mo./Yr.) _____
Employer Name and Address: _____	
Description of duties, responsibilities and equipment operated: _____ _____	
Supervisor Name and Phone: _____ Supervisor Title: _____	
Final Salary: _____	Reason for leaving: _____ May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Use additional sheets, if necessary, to continue to list your full work history that includes the same information as above.