

BACKGROUND INFORMATION FORM A

AGENCY: _____ POSITION: _____

The State of Ohio is an equal opportunity employer and will not use any of the information you provide to discriminate against you on the basis of race, color, religion, sex, military status, national origin, disability, age, or ancestry. If you have any questions or concerns about the information being requested, please contact your personnel officer. Your employment is contingent upon your completion of the following information. A prior conviction may not necessarily disqualify you from the position you seek, but will constitute part of the information upon which the decision as to your employment is based.

Note: A law enforcement record check will be requested of agencies where the applicant has resided. It is important that accurate address information is obtained. The check will be limited to only those addresses provided as well as to BMV records. This check DOES NOT include complete criminal history checks from the FBI, BCI or LEADS databases. For a complete criminal history for civilian employment, a Webcheck may be requested by the employing agency from the Ohio Attorney General's BCI, at the cost set by the Attorney General's Office. The results of the Webcheck will be reported directly to the requestor by the Attorney General's BCI.

FULL NAME	LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ON THIS APPLICATION	
PRESENT ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE () -	CELL PHONE () -	
DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER - -	
DATE OF BIRTH	PLACE OF BIRTH	

PREVIOUS ADDRESSES IN THE PAST TEN YEARS (Attach additional pages if needed)

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	FROM (DATE)	TO (DATE)

I, _____, CERTIFY THAT ALL OF THE ANSWERS AND STATEMENTS ON THIS FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT INACCURATE OR UNTRUTHFUL RESPONSES TO THE QUESTIONS CONTAINED IN THIS FORM MAY BE THE BASIS FOR REFUSAL OR TERMINATION OF EMPLOYMENT WITH THE STATE OF OHIO. I FURTHER UNDERSTAND THAT FALSIFYING INFORMATION ON THIS FORM, OR TAMPERING WITH A RECORD, MAY CONSTITUTE A CRIMINAL OFFENSE. I SPECIFICALLY AUTHORIZE ANY LAW ENFORCEMENT AGENCY TO RELEASE MY RECORDS OR INFORMATION TO THE DIRECTOR OF THE OHIO DEPARTMENT OF PUBLIC SAFETY OR THE DIRECTOR'S DESIGNEE.

SIGNATURE X	DATE
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