



State Library Board Nomination Form



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, national origin, handicap, age or ancestry. If you need more space to answer any question or explain any of your answers, please use additional sheets. This information **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate.

Nominee Information

Full Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Length of Residence in Ohio: _____

Phone Numbers (Home): _____ (Cell): _____ (Work): _____

E-Mail Address: _____

Current Employer: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Gender (optional): _____ Ethnicity/Race (optional): _____

Education

Please check your highest level of education:

High School Diploma

Master of Library and Information Science

Associate Degree

Other Master's

Bachelor's Degree

Ed.D.

Bachelor's, plus graduate coursework

Ph.D.

Education continued

School Name (College/University): _____	Location (City/State): _____
Did you graduate? YES NO Check Year Completed:	1 2 3 4 5 6
Major: _____	
School Name (College/University): _____	Location (City/State): _____
Did you graduate? YES NO Check Year Completed:	1 2 3 4 5 6
Major: _____	
School Name (College/University): _____	Location (City/State): _____
Did you graduate? YES NO Check Year Completed:	1 2 3 4 5 6
Major: _____	
School Name (College/University): _____	Location (City/State): _____
Did you graduate? YES NO Check Year Completed:	1 2 3 4 5 6
Major: _____	
School Name (College/University): _____	Location (City/State): _____
Did you graduate? YES NO Check Year Completed:	1 2 3 4 5 6
Major: _____	

Education Experience

What do you see as a major issue facing libraries today?

How many years of library experience do you have?

Select the option that best describes your current residence:

- _____ Urban
- _____ Suburban
- _____ Rural

Please indicate if you have experience in the following areas. If you check "YES," please describe in further detail below.

- Experience as a board member or an employee of a public organization or institution.

YES NO

- Experience as a board member or former board member of a school, public, academic or specialized library.

YES NO

If yes, type of library:

Public

School

Higher Education

Special

- Experience in the development of equal access to information for all Ohio residents or with changing technologies and their impact on libraries.

YES NO

Appointment Information

Do you currently serve on a gubernatorial or State Board of Education board, committee or commission? If yes, please identify.

YES NO

Are you seeking reappointment? YES NO

Given your understanding of the work the board will be doing, please describe how your experiences and expertise, including related activities, will contribute to the work of the State Library Board.
(Please limit your response to approximately 200 words or less.)

Please indicate your availability to attend meetings and the days you will be available.

Yes, I am available to attend meetings on these days:

Monday Tuesday Wednesday Thursday Friday

Background Information

Are you now under any charge or charges for any crime? If yes, please identify.

YES NO

Have you ever, as an adult, been charged with any crime or arrested for any crime (regardless of whether you were convicted or acquitted) excluding minor traffic offenses? If yes, please identify.

YES NO

Has any civil litigation or garnishment action ever been filed against you? If yes, please identify.

YES NO

Have you ever failed to pay any government-insured debt or any debt owed to a government entity? If yes, please identify.

YES NO

Have you ever been denied a license for a business, trade or profession that required proof of good character or examination or had that license revoked or suspended or been disciplined with respect to that license? If yes, please explain.

YES NO

Are all of your federal, state and local taxes current? If no, please explain.

YES NO

Have you ever received income as a lobbyist or "legislative agent" as defined in the Ohio Revised Code section 101.70 or "executive agency lobbyist" as defined in ORC 121.60 for work related to the Ohio General Assembly, any Ohio elected officer or any agency or entity of the executive branch of Ohio state government? If yes, please identify the entity receiving the income.

YES NO

Are you a United States citizen? If no, please state immigration status.

YES NO

Do you have, or have you had, any personal, financial or business interest or dealings that might present a conflict of interest with your proposed state appointment? If yes, please identify.

YES NO

For purposes of data reporting only, have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? If yes, please state branch, service period and last rank.

YES NO

Signature

If appointed to the State Library Board, I will faithfully comply with the applicable laws and regulations governing the duties of this Board and to act in accordance with the laws of Ohio, including the Ohio Ethics Law (Chapter 102 of the Ohio Revised Code).

I, _____, certify that all of the answers and statements on this form are true, complete and correct to the best of my knowledge and recollection and are made in good faith and understand that this is a public record under Ohio law.

Signature of Applicant

Date

Thank you for completing this nomination form to serve on the State Library Board. The information you provided will assist the Director of the Department of Education and Workforce in deciding who to appoint as a State Library Board member. We appreciate your effort toward the success of this group.