



Ohio State University Extension Application

Return to:
Ohio State University Extension
Human Resources
10 Agricultural Administration Building
2120 Fyffe Road
Columbus, OH 43210-1084
Phone: 614-292-5683
Fax: 614-292-5100

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: _____

✓ Candidates applying for County Educator, Extension Associate and Center Specialist positions must complete this 5 page form and return it to: Ohio State University Extension, Human Resources Office.

✓ Candidates applying for County Educator and Specialist Positions MUST send graduate and undergraduate college transcripts showing awarded dates to: Ohio State University Extension, Human Resources Office.

Please indicate: ___ Graduate and Undergraduate transcripts are enclosed ___ Transcripts will be mailed: _____
(date)

1. POSITION(S) APPLYING FOR: _____

What appointment would you accept? (check all that apply) ___ Full-time ___ Part-time ___ Temporary

Date available to start: _____ Min. acceptable salary: _____

2. EMPLOYMENT INTEREST

Please indicate the program area(s) for which you are qualified and interested in. Agent positions require a completed Master's degree.

- ___ **Agriculture and Natural Resources** (At least one degree in Agriculture, Horticulture or Natural Resources)
- ___ **Community Development** (Degree in Public Administration, Business Administration, Community Planning, Community Development, Applied Economics or related field).
- ___ **4-H Youth Development** (Appropriate training and experience in youth development or other educationally related areas).
- ___ **Family and Consumer Sciences** (At least one degree in Family Consumer Sciences, Home Economics or related areas).

3. GEOGRAPHIC PREFERENCES

Please indicate all geographical areas of interest:

- ___ West Region
- ___ North Central Region
- ___ South East Region
- ___ Columbus Campus
- ___ Specific counties of interest: _____



- ___ I am willing to relocate to another part of the state.
- ___ I am not willing to relocate from my current address.

4. Education

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

5. 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.

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

_____ Ohio State University Extension Human Resources website: <http://hr.ag.ohio-state.edu/index.html>

_____ Ohio State University Employment Services website: <http://jobs.osu.edu/>

_____ Other website: _____

_____ Newspaper ad: _____

_____ County Extension Office: _____

_____ Other: _____

6. 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 | |

6. 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: | |

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

1. **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: _____
2. **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: _____
3. **yes** **no** Are you a U.S. citizen, permanent resident, or authorized to work in the United States?
4. **yes** **no** Are you an Ohio resident?
5. **yes** **no** Do you have a current, valid driver's license? Issuing state: _____
6. 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.

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

9. **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. _____

10. 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.). _____



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.

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.

Where to submit this application:

Please send completed application materials to the address below by the deadline date listed on the position announcement: signed Application, Letter of Interest, Resume and/or Vita, References – at least three professional references (please include names, addresses, email, addresses, phone numbers and fax numbers), Transcripts – both undergraduate and graduate transcripts showing the awarded dates (copies are acceptable). Please note on your application form if your transcripts have been ordered or are enclosed.

**Ohio State University Extension
Attention: Toni M. Bahnsen
10 Ag. Admin. Bldg.
2120 Fyffe Road
Columbus, OH 43210**

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 _____