





PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MIDDLE INITIAL, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE



Knox County Board of  
DEVELOPMENTAL  
DISABILITIES

STEVE OSTER, SUPERINTENDENT

## VOLUNTARY WAIVER AND CONSENT OF DISCLOSURE OF INFORMATION

I, the undersigned applicant, hereby waive all provisions of any law forbidding my physician or other person who has attended or examined me or who may here after attend or examine me, college or universities which I attend/attended, past or present employers, county or state agencies, or personal acquaintances/references from disclosing any knowledge or information which they thereby acquired relevant to volunteering, work record, and/or to my personal character and I hereby consent that they may disclose such knowledge or information to the Knox County Board of Developmental Disabilities.

A photocopy of this waiver and authorization shall be as valid as the original.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Signature of Applicant

Subscribed and duly sworn before me according to law by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**KNOX COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**

**APPLICATION FOR EMPLOYMENT**

NAME \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

SOCIAL SECURITY NUMBER \_\_\_\_\_

POSITION YOU ARE APPLYING FOR \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

Circle education completed: G.E.D. High School College Graduate School  
9 10 11 12 1 2 3 4 1 2 3 4

List highest degree obtained: \_\_\_\_\_

List all certifications held relative to position: \_\_\_\_\_

Do you presently have a valid Ohio Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License #: \_\_\_\_\_ (All applicants must provide)

Fill out the following employment record, giving your last three (3) places of employment. (Please begin with present employer)

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Employment (from - to) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Employment (from - to) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Employment (from - to) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Give three (3) personal references who are not relatives (other than your written references).

Name	Address	Occupation	Phone Number
1.	_____		
2.	_____		
3.	_____		

Have you ever been convicted of or are you now being charged with, any criminal or traffic offense (other than a traffic offense for which the penalty was/is a fine of \$100.00 or less)? Yes \_\_\_ No \_\_\_ If yes, please attach a listing of such convictions/charges.

Are you a United States citizen? Yes \_\_\_ No \_\_\_ (Please complete attached form I-9)

Have you been a resident of Ohio for the past five (5) years? Yes \_\_\_ No \_\_\_  
(If no, please list previous address)

Prior to actual employment and consistent with provisions of O.R.C. 109.57, verification of the response to the first question will be obtained from the Ohio Bureau of Criminal Identification and Investigation and other agencies. The verification process will require submission of fingerprints. Information obtained about convictions/charges will be evaluated to determine whether the nature of the offense is manifestly inconsistent with the position sought.

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge.

I authorize you to obtain an investigative report to verify the statements made herein using information obtained through personal acquaintances, references, a check of criminal convictions, and from any other source deemed appropriate. If position requires operation of vehicle for Board business, I authorize you to obtain a copy of my traffic records through local authorities as well as the Bureau of Motor Vehicles. Pre-employment drug screening is required.

I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for automatic dismissal.

\_\_\_\_\_  
Date Signature of Applicant

Subscribed and duly sworn before me according to law by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary:  
\_\_\_\_\_  
Notary Public