

Questionnaire for Prospective Appointment as a Member, Director, or Deputy Director of the County Board of Elections

Full Legal Name	9	Street Address
Courtesy Title		City
First		State
Middle		
Last		ZIP Code
Suffix		Home Phone (Numbers and hyphens only)
	e (if different from above)	Cell Phone (Numbers and hyphens only)
Treferred Name	e (ii different from above)	Office Phone (Numbers and hyphens only)
Alias/Maide	n Name	Date of Birth (MM/DD/YYYY)
Email Address		
	nformation e same address for the past 10 years e for each previous address in the spac	
	as requested. Prospective appoint	-7 below. If you respond yes to any of the following qu tees as members of the board must complete the ed
		s, please identify the office.

2. Are you currently holding any appointed office for which you must subsequently be elected? If yes, please identify the office.	
B. Have you ever been convicted of a misdemeanor (other than minor misdemeanor traffic offenses) or a felony? If yes, please provide details of the conviction (what, when, where and final disposition).	
4. Are there any circumstances which might present a conflict of interest with the administrative duties for you as a member, director or deputy director of the board of elections (see SOS ethics policy)? If yes, please identify.	
5. Have you had any employment or interests in contracts with the board of elections within the last 24 months? If yes, please describe.	
5. Have you ever been required, as a candidate or campaign treasurer, to file a campaign finance report with any board of elections or the Secretary of State? If yes, please list all campaigns, political parties, political action committees, etc. for which a campaign finance report was filed by you as a candidate or treasurer.	
7. Has a campaign in which you were involved as a candidate or treasurer ever been the subject of a referral or complaint to the Ohio Elections Commission? If yes, please explain.	

In the space below, ple relevant scholastic achi	e members are required to fill in this information) hase provide a brief summary of your educational attainmented fevements, recognitions, awards, and honors. Information for and pasted in the space below.	
In the space below, ple	tive members are required to fill in this information) hase provide a brief summary of your past and current emper of your resume may be copied and pasted in the space be	ployment history. <i>Information from</i> low.
Business Address In	formation (if applicable, prospective members are requ	ired to fill in this information)
Business Name		
Occupation		
Street Address		State
City		ZIP Code
Phone		

Background Check Disclosure, Authorization and Release for Prospective Appointment as a Member, Director, or Deputy Director of a Board of Elections

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Secretary of State's office may request investigative reports on you from various public and private reporting agencies. The Ohio Secretary of State's office will use any such report(s) solely for appointment and employment related purposes. Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Secretary of State's office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, driving record checks, state tax information, etc. Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Secretary of State in conjunction with my application for prospective appointment as a Member, Director or Deputy Director of a county board of elections. I also authorize disclosure to the Ohio Secretary of State and/or the background check vendor of information concerning my motor vehicle history and standing, criminal history, state tax information and all other information the Ohio Secretary of State deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; motor vehicle records agencies; state tax agencies; and other applicable sources. I hereby release and hold the vendor and the Ohio Secretary of State and his employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my appointment or employment.

I understand that if I am appointed or hired, my consent will apply throughout the term of my appointment or employment to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Secretary of State.

I understand that providing any false information or omitting any material information on my resume and/or Questionnaire for Prospective Appointment as a Member, Director or Deputy Director of a County Board of Elections may be sufficient grounds for rejection of the application or termination of the appointment or employment whenever discovered.

Social Security Number		
Ohio Driver License/State ID Number		
Date Signed (MM/DD/YYYY)	Prospective Appointee Signature (Required)	

Instructions for Submission

- 1. The prospective appointee <u>must sign the completed form</u>.
- 2. All prospective appointees as members of the board of elections must submit a resume.
- 3. The **signed and completed form and resume** (member appointees only) must then be transmitted to the Ohio Secretary of State by **email to BoardInfo@OhioSoS.gov.**