

Ohio Department of Rehabilitation and Correction

# INDEPENDENT CONTRACTOR INFORMATION

EXPLANATION AND INSTRUCTION: This questionnaire will provide the Ohio Department of Rehabilitation and Correction with information needed to determine your eligibility for approval as an independent contractor. Please answer all questions fully, truthfully, and accurately. If any questions are not answered, attach a written statement specifying the reasons therefore. Falsification will result in your bid being disqualified.

*Please Print/Type Name*

|    |  |               |  |      |
|----|--|---------------|--|------|
| 1. | Full Name: First                       | Middle        | (Maiden)   | Last |
| 2. | Your Address:                          |               |  |      |
|    | Telephone Number (with area code):     |               | 3. Last four (4) Digits of Social Security Number: |      |
| 4. | Person to notify in case of emergency: | Relationship: | Telephone # with Area Code:                        |      |

5. Have you ever been employed with the State of Ohio, Department of Rehabilitation and Correction?  Yes  No

6. (A) Are you a party to any criminal proceeding?  Yes  No

(B) Have you ever been committed to or confined in any correctional institution?  Yes  No

If yes, when? \_\_\_\_\_ Institution? \_\_\_\_\_

(C) Have you ever been or are you now on probation or parole?  Yes  No

If your answer to any part of question 7 is "Yes", set forth the facts or any other statement.

---



---

7. (A) Are you presently an approved visitor or have you ever visited an inmate confined in a penal institution within Ohio  Yes  No

| Inmate Name and Number | Visited from (date) to (date) | Relationship | Reason for Termination | Institution |
|------------------------|-------------------------------|--------------|------------------------|-------------|
|                        |                               |              |                        |             |

(B) Are you connected to or affiliated with any current or former inmate confined to any institution in the State of Ohio?  No  Yes, If Yes, state:

| Inmate Name and Number | Institution | Connection/Affiliation |
|------------------------|-------------|------------------------|
|                        |             |                        |

8. Does this position require a license?  No  Yes, If Yes, indicate license number and verification.

9. Please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 12 months. For identification and verification, please indicate the nature of the activity, i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Full-time                       Part-time                       Voluntary

|  |                     |                               |  |
|--|---------------------|-------------------------------|--|
| Date of Employment (From [M/Y] To [M/Y]):      |                     | Name and Address of Employer: |  |
| Telephone Number:                              | Name of Supervisor: | Name(s) of co-worker(s):      |  |
| Title or Duties (for identification purposes): |                     | Reason for Leaving:           |  |

Military Service     Not Employed

|                  |                |
|------------------|----------------|
| From (Mth/Year): | To (Mth/Year): |
|------------------|----------------|

Full-time                       Part-time                       Voluntary

|  |                     |                               |  |
|--|---------------------|-------------------------------|--|
| Date of Employment (From [M/Y] To [M/Y]):      |                     | Name and Address of Employer: |  |
| Telephone Number:                              | Name of Supervisor: | Name(s) of co-worker(s):      |  |
| Title or Duties (for identification purposes): |                     | Reason for Leaving:           |  |

Military Service     Not Employed

|                  |                |
|------------------|----------------|
| From (Mth/Year): | To (Mth/Year): |
|------------------|----------------|

Full-time                       Part-time                       Voluntary

|  |                     |                               |  |
|--|---------------------|-------------------------------|--|
| Date of Employment (From [M/Y] To [M/Y]):      |                     | Name and Address of Employer: |  |
| Telephone Number:                              | Name of Supervisor: | Name(s) of co-worker(s):      |  |
| Title or Duties (for identification purposes): |                     | Reason for Leaving:           |  |

Military Service     Not Employed

|                  |                |
|------------------|----------------|
| From (Mth/Year): | To (Mth/Year): |
|------------------|----------------|

Full-time                       Part-time                       Voluntary

|  |                     |                               |  |
|--|---------------------|-------------------------------|--|
| Date of Employment (From [M/Y] To [M/Y]):      |                     | Name and Address of Employer: |  |
| Telephone Number:                              | Name of Supervisor: | Name(s) of co-worker(s):      |  |
| Title or Duties (for identification purposes): |                     | Reason for Leaving:           |  |

Military Service     Not Employed

|                  |                |
|------------------|----------------|
| From (Mth/Year): | To (Mth/Year): |
|------------------|----------------|

**By signing below, the vendor agrees to abide by all agency policies, particularly those relating to confidentiality of information and security practices.**

|  |                       |       |  |
|--|-----------------------|-------|--|
| Vendor Signature:  |                       | Date: |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Appointing Authority: | Date: |  |