

OHIO HOUSE OF REPRESENTATIVES PAGE APPLICATION

Name: _____
 Last First Middle Initial

Present
 Address: _____
 Number/Street City County State/Zip Phone

Permanent
 Address: _____
 Number/Street City County State/Zip Phone

Email Address _____

Do you have automobile liability insurance: _____ Insurer's Name: _____

Driver's License Number: _____ Social Security Number: _____

Employment History (Please list your most recent employment first):

Employer & Address	Position Held	Month/Year	Reason for Leaving

References:

	Name	Relationship	Phone Number
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Education:

I am currently enrolled an undergraduate college or university:

(Circle One) FULL-TIME OR PART-TIME

Please submit your official class schedule with this application.

	Name of School Location	Attended From To	Did you graduate?	Major Subjects
High School				
Business College				
College				
Other				

Cumulative grade point average: _____

Anticipated date of graduation: _____

Number of credit hours enrolled (specify quarter or semester): _____

Quarter for which your application applies: _____

Your State Representative: _____

Please indicate if you prefer to be assigned to the Republican or Democrat Caucus:

Moving office furniture and carrying heavy items are often asked of pages in addition to their other duties. Would you be able to fulfill this job responsibility? (Will not preclude you from consideration of the position).

Have you ever been charged or convicted of a felony or misdemeanor, including a traffic offense?

Yes ___ No ___

If your response to the preceding question is yes, please provide details including dates, case numbers, final disposition, type of offense(s), etc in the space provided below.

Authorization and Release

By signing below, I realize that a representative of the Ohio House of Representatives will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I authorize the Ohio House of Representatives to obtain any information from my official record with the police, courts, present or previous employers, and any other persons who may be able to provide information about me which the Ohio House of Representatives desires. (If you return this application through email you will be asked to sign this acknowledgement prior to employment)

Signature of Applicant: _____ Date: _____

**PLEASE ATTACH A COPY OF YOUR RESUME, CURRENT CLASS SCHEDULE
AND A ONE-PAGE (200 WORD) STATEMENT WHICH OUTLINES YOUR
INTEREST IN BECOMING A PAGE.**

When application is complete, please return to:

**Ohio House of Representatives
Attn: Jenny Flores
77 S. High St., 12th Floor
Columbus, Ohio 43215-6111**

pageapplication@ohiohouse.gov