

### 3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations):

\_\_\_\_\_

2. Full legal name of proposer \_\_\_\_\_

3. Proposer's street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

4. County of residence (nonprofit corporation county of operation) \_\_\_\_\_

5. Daytime telephone (     ) \_\_\_\_\_ Home telephone (     ) \_\_\_\_\_

6. Proposer's driver's license number (nonprofit corporation N/A) \_\_\_\_\_

7. Spouse's name (nonprofit corporation N/A) \_\_\_\_\_

8. Spouse's home street address (nonprofit corporation N/A) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

9. Are you proposing as the owner of a minority business enterprise (MBE)? No \_\_\_\_\_ Yes \_\_\_\_\_

10. Proposer is (check one and follow instructions):

\_\_\_\_\_ An **individual person**. These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter "N/A" or "Not applicable";

\_\_\_\_\_ The **Clerk of Courts** of \_\_\_\_\_ County;

\_\_\_\_\_ The **County Auditor** of \_\_\_\_\_ County. Answer all questions as they apply to you and your position as Clerk of Courts or County Auditor. If a question does not apply to you or your position, enter "N/A" or "Not applicable";

\_\_\_\_\_ A **nonprofit corporation (NPC)**. An officer or an authorized agent should answer all questions and sign all documents on behalf of the NPC. The answers must refer to the NPC itself and not to the individual officers, agents, or employees of the NPC, unless otherwise specified. Many questions are not applicable to nonprofit corporations. To assist your responses, we have marked those questions "NPC N/A" meaning we believe the marked question is not applicable to most nonprofit corporations. Please answer all other questions unless clearly inapplicable.

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, in what elective office are you serving? \_\_\_\_\_

C. If YES, date that you plan to leave this office? \_\_\_\_\_

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, what office? \_\_\_\_\_

13. A. Are you currently a deputy registrar?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, on what date does your contract expire? \_\_\_\_\_

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

No \_\_\_\_\_ Yes \_\_\_\_\_

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, on what date does your spouse's contract expire? \_\_\_\_\_

15. A. Does any member of your family, including your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law currently hold a deputy registrar contract? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, list their name, relationship to you, whether you share the same household, and date their contract expires here:

Name	Relationship	Same Household		Contract Expires
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

16. A. To the best of your knowledge, will any member of your extended family (same relatives as question 15) submit a proposal in response to this RFP? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, list their name, relationship to you, and whether you share the same household:

Name	Relationship	Same Household	
_____	_____	Yes _____	No _____
_____	_____	Yes _____	No _____
_____	_____	Yes _____	No _____
_____	_____	Yes _____	No _____

17. A. Is any member of your extended family (same relatives in question 15) employed by the Ohio Department of Public Safety, the State Highway Patrol, or the Bureau of Motor Vehicles? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If YES, list their name, relationship to you, and the date they became so employed:

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

No \_\_\_\_\_ Yes \_\_\_\_\_

B. If NO, are you applying as a Clerk of Courts or County Auditor?

No \_\_\_\_\_ Yes \_\_\_\_\_

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If "YES," will you resign, if appointed?

No \_\_\_\_\_ Yes \_\_\_\_\_

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes \_\_\_\_\_ No \_\_\_\_\_

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No \_\_\_\_\_ Yes \_\_\_\_\_

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No \_\_\_\_\_ Yes \_\_\_\_\_

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma? No \_\_\_\_\_ Yes \_\_\_\_\_

High school name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

26. Computer experience. Does Proposer have any training or experience working with or using computers? (Incumbent deputy registrars may take credit for operating BMV computers. For nonprofit corporations, this question should be answered for computer systems operated or used in the nonprofit corporation's activities.)

No \_\_\_\_\_ Yes \_\_\_\_\_

If YES, list types of use or experience	Home Use		Business Use	
Accounting or financial use (specify): _____	No _____	Yes _____	No _____	Yes _____
Word processing use (specify): _____	No _____	Yes _____	No _____	Yes _____
Email/messaging use (specify): _____	No _____	Yes _____	No _____	Yes _____
Tax preparation use (specify): _____	No _____	Yes _____	No _____	Yes _____
Other (specify): _____	No _____	Yes _____	No _____	Yes _____
Attended training (specify): _____	No _____	Yes _____	No _____	Yes _____

27. Please provide the requested information for at least two, but no more than five, persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.

A. Name \_\_\_\_\_ Daytime telephone number (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any special instructions for contacting this person during business hours:

\_\_\_\_\_

B. Name \_\_\_\_\_ Daytime telephone number (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any special instructions for contacting this person during business hours:

\_\_\_\_\_

C. Name \_\_\_\_\_ Daytime telephone number (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any special instructions for contacting this person during business hours:

\_\_\_\_\_

D. Name \_\_\_\_\_ Daytime telephone number (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any special instructions for contacting this person during business hours:

\_\_\_\_\_

E. Name \_\_\_\_\_ Daytime telephone number (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any special instructions for contacting this person during business hours:

\_\_\_\_\_

