



EMPLOYEE SECONDARY EMPLOYMENT QUESTIONNAIRE - Fiscal Year _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ OFFICE: _____

SCHOOL/DEPARTMENT: _____

POSITION: _____

WORK HOURS: _____ WORK DAYS: _____

The Purpose of this Form

As employees of Hocking College our professionalism and high standard of ethical conduct extends to the many constituents we serve. The annual employee Disclosures and Acknowledgments Form is designed not only to remind employees of their own personal responsibilities as public servants, but also to highlight the importance of the Hocking College Policy and Procedures Manual, and to monitor compliance with state and federal laws.

Included in this Form is information about, and acknowledgements regarding:

- Disclosure of potential conflicts of interest and external employment; and
- Hocking College Policy and Procedures

Ohio Ethics Law and Hocking College Policy and Procedures Acknowledgment

Ohio public employees are personally responsible for compliance with Ohio's Ethics Law and providing a level of ethical conduct above and beyond that of an ordinary citizen. These ethics laws can be found in Ohio Revised Code Chapters 102 and 2921, which include both civil and criminal penalties for violations.

The Ohio Ethics Commission's website additionally provides advisory opinions, FAQs, and a summary of public employee ethical requirements on the education section of its website:
<http://www.ethics.ohio.gov/education/index.html>.

I understand that I am responsible for reading and complying with the Ohio Ethics Laws governing public employees.

☐ I agree

In addition to Ohio law, Hocking College employees must also follow the College's Board-approved Policy and Procedures. The current Policy and Procedures Manual can be found in its entirety online at:
[https://cdn2.hubspot.net/hubfs/2446169/Internal%20Docs%20\(Website\)/HockingCollegePolicyManual.pdf?t=1508969963869](https://cdn2.hubspot.net/hubfs/2446169/Internal%20Docs%20(Website)/HockingCollegePolicyManual.pdf?t=1508969963869)

I understand that I am responsible for complying with the provisions contained within Hocking College Policy and Procedures Manual.

☐ I agree

Secondary Employment and Conflicts of Interest.

A conflict of interest may exist if financial interests or personal benefits could exert a substantial and improper influence upon an employee's job responsibilities or functions. Employees are prohibited from using their positions to secure anything of value, financial gain, or personal benefit that would not ordinarily accrue to them in the performance of their official duties. Similarly, employees shall not engage in external work that may result in a conflict of interest unless prior authorization has been obtained.

1. Are you currently employed in a job other than the one listed above?

☐ No

☐ Yes. If yes, complete the following

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

POSITION: _____

WORK HOURS: _____ WORK DAYS: _____

2. Do you or any member of your family (as defined by Hocking College Policy Manual) have a personal interest, directly or indirectly, in a contract with Hocking College including any agency, division, or department of Hocking College? (Please exclude financial institutions and investments in publicly held [traded] companies.)

☐ No

☐ Yes. If yes, complete the following:

TYPE OF INTEREST: _____

(e.g. contractor, employee of contractor, stockholder, officer or director of contractor, subcontractor)

NAME OF CONTRACTOR(S): _____

ADDRESS: _____

NATURE OF BUSINESS: _____

LIST CONTRACTS THIS BUSINESS

HAS WITH HOCKING COLLEGE: _____

3. Do you or any family member or business partner have a financial interest in any entity (vendor, business, organization, agency, etc.) with which Hocking College transacts business? (Please exclude financial institutions and investments in publicly held [traded] companies.)

☐ No

☐ Yes. If yes, complete the following:

TYPE OF INTEREST: _____

NAME OF BUSINESS: _____

ADDRESS: _____

NATURE OF BUSINESS: _____

4. During the past twelve months, did you or any family member receive a personal benefit or anything of substantial value (e.g., gift, travel expense, discount, or entertainment), from any entity which transacts business or seeks to transact business with Hocking College? For more information regarding these potential conflicts of interest please see Advisory Opinion No. 2011-04 from the Ohio Ethics Commission.

☐ Yes

☐ No

If the answer is "Yes," please list the name of the entity, the item, and the approximate value.

I certify that all the information contained on this form is complete and accurate. I am aware that any misstatement or omission of information provided on this form may subject me to discipline up to and including dismissal. I am also aware that I am required to immediately complete a new questionnaire upon changes in any of the above information.

Signed: _____ Date: _____

Print Name: _____