



# Certificate of Qualification for Employment Petition

www.drccqe.com

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## DRC Release of Information: Petition for the Certificate of Qualification for Employment

I, \_\_\_\_\_, understand that the court may order any report, investigation, or disclosure of records that the court believes is necessary for the court to reach a decision on my petition for a certificate of qualification for employment. I hereby authorize the Ohio Department of Rehabilitation and Correction to release any records that the court may request, including, but not limited to, records pertaining to education, employment, behavioral programming, vocational training, institutional adjustment/history, medical health, mental health/psychiatric and/or alcohol/drug abuse/treatment. This consent will remain valid until the court issues its decision on the petition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Instructions for Hand Written CQE Petitions

Please follow the instructions and print legibly. Failure to do so may result in the petition being returned to you for corrections and may delay your request.

If you need additional space for any section, write or type the section title, the question, and the additional information on a separate sheet of 8 1/2 x 11 paper.

You must print your name in the blank, sign and date the DRC Release of Information page. **The completed petition document and DRC Release of Information form must be filed in your local Court of Common Pleas. If you have served time in a DRC prison or DRC funded community correction program you are required to complete the CQE petition online at [www.drccqe.com](http://www.drccqe.com).**

### Section 1: Personal Information      Pg1

- Provide your FULL legal name (no initials), date of birth, and Social Security Number.
- If you have no middle name write "n/a" in the box.
- If you have no aliases, write "n/a" in the first box and leave the rest blank.

### Section 2: Contact Information      Pg2

- All areas in this section are required.
- A legal Ohio address is mandatory.
- County = county of residence
- An email address is required to receive petition updates and notices.
- You must provide at least one phone number for contact purposes. You have space for up to 3 contact numbers. Include the area code and number.

### Section 3: Certification Request      Pg3

- All questions on this page are required.
- You must be subject to one or more collateral sanctions as defined by 2953.25 of the Ohio Revised Code. Indicate each sanction that is relevant to your petition.
- **If** you are seeking a professional license you must provide an accurate profession title and accurate State of Ohio licensing board name. If not, check "no".
- You must intend to use the certificate as a means to provide potential employers with immunity under division (G) of section 2953.25 of the Ohio Revised Code. Please answer YES to the last question on the page.

### Section 4: Criminal History      Pg4-5

- List all offenses that affect the sanction(s) mentioned in Section 3 above.
- List the year of conviction or plea of guilty for each offense.
- County of conviction is required for each offense.
- Felony or Misdemeanor is required for each offense.

## Instructions for Hand Written CQE Petitions

### Section 5: Certification Rationale Pg6

- You must answer each question in this section.
- You are required to provide details of previously submitted CQE petitions (if any). If you have no other CQE petitions, check the box indicating that no prior petitions were filed.
- For "Status" of Petition write "Approved," "Denied," or "Revoked."

### Section 6: Employment History Pg7-9

- List employment starting with the most recent.
- If exact employment dates are not known, use your best judgment in estimating accurate dates and provide month/date/year.
- If the employer is no longer in business, indicate this in the address line by writing in "no longer in business, unable to contact". You must still indicate the dates of employment.
- If the employer has changed names, indicate the name of the employer as it was at the time of your employment and provide the new name of the company next to it.
- If you have no previous employment, be sure to check the box stating no prior employment.

### Section 7: References Pg10-12

- You must provide complete information for at least one verifiable reference or endorsement.
- First and Last name, Relationship, full address and phone number are required.
- Each additional reference must include all of this information as well.

### Section 8: Family Members Pg13-14

- You must provide complete information for at least one immediate family member or other persons with whom you have a close relationship who support your reentry plan.
- First and Last name, Relationship, full address, and phone number are required for each person listed.





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## Contact Information

Address	City	State	Zip Code

County	Email Address	Phone Number	Phone Number

1. Please indicate the length of time you have been a resident of this state. (Years/Months)

Years  Months



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## Certification Request and Criminal History

Define the name or type of each collateral sanction for which you are requesting a certificate of qualification for employment.

Type 1

Type 2

Type 3

Type 4

If there are additional collateral sanctions, please check the box and attach additional documentation to this petition.

Provide a description of how you intend to use the certificate of qualification of employment if granted.

1. Do you intend to use the certificate to obtain an occupational license from a state licensing board?

Yes  No

If yes, indicate the type of occupational license and which State of Ohio licensing board:

Occupation

Licensing Board

2. Do you intend to obtain employment and use the certificate as means to provide potential employers with immunity under division (G) of Section 2953.25 of the Revised Code?

Yes  No



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## Summary of Criminal History

Please indicate each criminal offense that is a disqualification from employment or licensing in an occupation or profession.

**Offense Number 1**

**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 3**

**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 5**

**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 2**

**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 4**

**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 6**

**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 7**  
**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 9**  
**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 11**  
**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 8**  
**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 10**  
**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

**Offense Number 12**  
**Year of Offense**

**Offense**

**County of Conviction**

Felony  Misdemeanor

Please check this box if you have any additional criminal offenses that is a disqualification from employment or licensing in an occupation or profession, and attach additional documentation to this petition.





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## Certification Rationale

**1. Define the reasons you believe the certificate of qualification for employment should be granted:**

**2. Define why a certificate will materially assist you in obtaining employment or occupation licensing:**

**3. Define why you have a substantial need for a certificate in order to live a law-abiding life:**

4. Describe why granting the petition would not pose an unreasonable risk to the safety of the public or any individual:

List all previous petitions for a CQE, including date and country for each filing and whether the petition was granted denied or revoked.

Check this box if you have no prior petition for CQE

5. Petition Information

Petition Name & Number (if completed online)	Date	County	Status



# Certificate of Qualification for Employment Petition

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## Employment History

Please indicate your employment history.  
Start with your most recent employer:

Check this box if you have no employment prior to filing this petition.

**Employers Name 1**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 2**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 3**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 4**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 5**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 6**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 7**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 8**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 9**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to

**Employers Name 10**

**Address**

**City**

**State**

**Zip**

**Phone**

Employed from  to



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## References

List the name(s), complete address(es), and phone number(s) of one or more verifiable references and endorsements.

### Reference 1

First

Last

Relationship

Address

City

State

Zip

Phone

### Reference 3

First

Last

Relationship

Address

City

State

Zip

Phone

### Reference 2

First

Last

Relationship

Address

City

State

Zip

Phone

### Reference 4

First

Last

Relationship

Address

City

State

Zip

Phone

**Reference 5**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Reference 6**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Reference 7**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Reference 8**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Reference 9**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Reference 10**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**





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## Family Members

Please indicate immediate family member or other persons with who you have a close relationship and supports your reentry plan.

### Family Member 1

First

Last

Relationship

Address

City

State

Zip

Phone

### Family Member 3

First

Last

Relationship

Address

City

State

Zip

Phone

### Family Member 2

First

Last

Relationship

Address

City

State

Zip

Phone

### Family Member 4

First

Last

Relationship

Address

City

State

Zip

Phone

**Family Member 5**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Family Member 6**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Family Member 7**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Family Member 8**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Family Member 9**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**

**Family Member 10**

**First**

**Last**

**Relationship**

**Address**

**City**

**State**

**Zip**

**Phone**