



Certificate of Qualification of Employment Petition

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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



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Personal and Contact Information

- Required information: Legal First, Middle and Last Name, DOB, Social Security Number, Years and Months you have been a resident of this state.
- Please include your current contact information: Address, City, State, County, Zip, Email and Phone Number(s).
- Accuracy and completeness of your information is important.

Certification Request and Criminal History

- Occupation and Licensing Board is required if you answer yes to the previous question.
- You must answer if you intend to obtain employment and use the certificate as a means to provide potential employers with immunity under division (G) of Section 2953.25 of the Revised Code.
- At least one Criminal History offence is required.
- Accuracy and completeness of your information is important.

Certificate Rationale

- Each narrative question is required.
- Also indicate if you have no prior petitions for CQE.
- Accuracy and completeness of your information is important.

Employment History

- Provide your employment history beginning with the most recent employer.
- If the employer is no longer in business, indicate this in the address line by typing in "no longer in business, unable to contact". Provide the rest of the information for that employer in the remaining sections.
- Accuracy and completeness of your information is important.

References

- Complete and accurate information for a minimum of one person is required.

Family Members

- Provide the name of an immediate family members or persons with whom you have a close relationship that can attest to and support your reentry plan including your determination to achieve that plan. Complete and accurate information for a minimum of one person is required.



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Personal Information

Legal First Name

DOB

Legal Middle Name

Social Security Number

Legal Last Name

List all aliases and the Social Security Numbers associated with those aliases.

Aliases include court name, maiden name, or any other name associated with your identity

First	Middle	Last	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Information

Address

City

State

OHIO

County

Zip Code

Email Address

Phone Number(s)

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

Years

Month



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Certification Request

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	
Type 5	
Type 6	
Type 7	
Type 8	
Type 9	
Type 10	

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

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	

Do you intend to obtain employment and use the certificate as a 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.

Please start with the most recent offense.

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☒

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐



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Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐

Year of Offense:

Offense:

County of Conviction

Felony ☐

Misdemeanor ☐



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Certification Rationale

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

--

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

--

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

--

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 county for each filing and whether the petition was granted denied or revoked.

☐ Check here if you have no prior petition for CQE

Petition Name and number (if completed online)

Date

County

Status



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Employment History

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

☐ Check here 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



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Employers Name 5

Address

City

State

Zip

Phone

Employed from to

Employers Name 7

Address

City

State

Zip

Phone

Employed from to

Employers Name 6

Address

City

State

Zip

Phone

Employed from to

Employers Name 8

Address

City

State

Zip

Phone

Employed from to



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Employers Name 9

Address

City

State

Zip

Phone

Employed from to

Employers Name 10

Address

City

State

Zip

Phone

Employed from to

SAMPLE



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Reference 1

First	<input type="text"/>
Last	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>

Reference 3

First	<input type="text"/>
Last	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>

Reference(s)

Reference 2

First	<input type="text"/>
Last	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>

Reference 4

First	<input type="text"/>
Last	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>



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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



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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 2

First

Last

Relationship

Address

City

State

Zip

Phone

Family Member 3

First

Last

Relationship

Address

City

State

Zip

Phone

Family Member 4

First

Last

Relationship

Address

City

State

Zip

Phone



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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