

## PAYROLL COMPARISON – 2025

**Proposer Name: Dottie Schirtzinger**

Evaluator Printed Name: Miles Arillo

### PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	60-A					
Highest Rate	\$20.15					
Lowest Rate	\$15.16					
Number of Hours Recommended	255					
Number of Hours Proposed	255					
Total Monthly Wages	\$15,252					

Comments:

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# PERSONAL EVALUATION (2025)

Dottie Schirtzinger  
60-A / 25017  
Muskingum County, Zanesville  
BMV Site

Evaluation Team Number: \_\_\_\_\_

Location(s) Proposed: (#1) 60-A \_\_\_\_\_

Proposed as 2<sup>nd</sup> Location \_\_\_\_\_

**Verify** Proposer's Full Name: (#2) Dottie J. Schirtzinger

Proposer's County of Residence (NPC Operation): (#4) Licking

**Verify** Proposer's Driver's License Number: (#6) [REDACTED]

Proposing as Minority: (#9) Yes \_\_\_\_\_ No X

Proposing as: (#10) Individual X Clerk of Courts \_\_\_\_\_ Co. Auditor \_\_\_\_\_ Nonprofit Corp. \_\_\_\_\_

## SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

**TOTAL POINTS** (Max. 258 Points): 258

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) Miles J. Grilliot Miles J. Grilliot 02.26.25

(2) \_\_\_\_\_

PERSONAL EVALUATION			OK	NO
1.	Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2.	Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? <u>6/28/25</u>	0	0	
3.	Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4.	Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5.	Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6.	Proposer is not an active insurance agent or is nonprofit? (#20)	5	*	
7.	Proposer states no criminal conviction within the last 10 years? (#21)	5	*	
8.	Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	5	*	
9.	Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*	
10.	Proposer can meet bond requirements? (#24 and acceptable proof)	5	*	
11.	Acceptable educational information OR nonprofit corporation? (#25)	5	0	
12.	Proposer has computer training or experience? (#26)	5	0	

**PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points)** 55

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone ( )

Company: Petro-Shell DRC

Relationship: Deputy Registrar

Verified experience as: Deputy Registrar Agency Owner (50) X Other Business Owner (34)

Manager or Supervisor (25) Deputy Registrar Employee (23) Other Employee (20)

Hours per week:

From (date): To (date): Length:

Verified Hours = Factor 1 x Years 1 x Points 50 = 50

Person called: at telephone ( )

Company: Petro-Shell Deputy Registrar

Relationship: Manager

Verified experience as: Deputy Registrar Agency Owner (50) Other Business Owner (34)

Manager or Supervisor (25) X Deputy Registrar Employee (23) Other Employee (20)

Hours per week:

From (date): 2000 To (date): 2004 Length: 4 years

Verified Hours 60 = Factor 1 x Years 4 x Points 25 = 600

Person called: at telephone ( )

Company:

Relationship:

Verified experience as: Deputy Registrar Agency Owner (50) Other Business Owner (34)

Manager or Supervisor (25) Deputy Registrar Employee (23) Other Employee (20)

Hours per week:

From (date): To (date): Length:

Verified Hours = Factor x Years x Points =



## BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

### 13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.	Putaskala Deputy Registrar	# NA = 1.0 x 1 x 50 =	50	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =				

### 14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 34 =		
B.		# = x x 34 =		
C.		# = x x 34 =		
Subtotal of 14-A, 14-B & 14-C =				

### 15. SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.	Putaskala Deputy Registrar	# = 1 x 4 x 25 =	100	✓
B.		# = x x 25 =		
C.		# = x x 25 =		
Subtotal of 15-A, 15-B & 15-C =				

Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = 100

### 16. DEPUTY REGISTRAR EMPLOYMENT (NON-MANAGEMENT) Experience, Form 3.2

ITEM	AGENCY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 23 =		
B.		# = x x 23 =		
C.		# = x x 23 =		
D.		# = x x 23 =		
Subtotal of 16-A, 16-B, 16-C & 16-D =				

Total DR Employment Experience #16 (Max. 90 Points) =

### 17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 20 =		
B.		# = x x 20 =		
C.		# = x x 20 =		
D.		# = x x 20 =		
Subtotal of Lines 17-A, 17-B, 17-C & 17-D =				

Total Other Employment Experience #17 (Max. 80 Points) =

ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = 100

# PERSONAL EVALUATION

OK NO

## 18. Form 3.3 – Customer Service Experience

Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?

2

0

## 19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)

A. Are funds in acceptable financial institution and verified with bank/teller stamp?

5

\*

B. Are funds in proposer's or proposer's business name or joint with spouse?

5

\*

## 20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)

Did proposer mark "NO" for every category, every year?

(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)

5

\*

## 21. Form 3.6 – Personnel Policy Summary

Does proposer agree to provide/maintain a written personnel policy covering the following:

A. Hiring employees with deputy registrar agency experience?

B. Equal Employment Opportunity?

C. Employee training by the deputy registrar?

D. Participation in BMV provided training?

E. Evaluation of employee performance?

F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?

G. Progressive disciplinary steps?

H. Dress code with list of acceptable attire?

I. Dress code with list of unacceptable attire?

J. A policy for maintaining the professional appearance of all staff at all times?

K. Fringe benefits (beyond those required by law or contract)?

11

0

## PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points)

28

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

# PERSONAL EVALUATION

OK NO

## 22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:

- |  |    |    |
|--|----|----|
| A. An electronic alarm system? (Mandatory)   | 13 | *  |
| B. Alarm system monitored 24 hours, off-site? (Mandatory)  |    |    |
| C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)                                |    |    |
| D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)   |    |    |
| E. Motion detectors connected to alarm system? (Mandatory)   |    |    |
| F. Alarm monitored contacts on all exterior doors? (Mandatory)   |    |    |
| G. Alarm monitored contacts on all exterior windows? (Mandatory)   |    |    |
| H. Video recording camera surveillance system? (Mandatory)   |    |    |
| I. Safe or secured locking cabinet? (Mandatory)  |    |    |
| J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory) |    |    |
| K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)                   |    |    |
| L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)            |    |    |
| M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?   |    |    |
| N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO                        | OK | NO |

## 23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:

- |   |   |   |
|---|---|---|
| A. Indoor/Outdoor maintenance and cleaning?       | 0 | 0 |
| B. Prompt snow and ice removal?                   | 0 | 0 |
| C. Carpet and/or floor cleaning (if appropriate)? | 0 | 0 |
| D. Repainting?                                    | 0 | 0 |

## PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points)

17

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL EVALUATION

OK NO

## 24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	①	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	①	0
3. What measures will you put in place to detect, deter, and prevent fraud?	①	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	①	0
5. How will you demonstrate good leadership to your employees?	①	0
6. How will you maintain a high level of professionalism each day in this business?	①	0
7. How do you intend to recruit and retain high quality employees?	①	0
8. How will you provide a safe, clean, and friendly place to do business?	①	0
9. How would you deal with an irate customer?	①	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	①	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	①	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	①	0

## 25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	③	*
B. Is it the affidavit duly signed and notarized?	②	*

## 26. Local Law Enforcement Report / Articles of Incorporation (AOI)

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	③	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	②	0

## 27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

No disqualifying convictions for individual / AOI for nonprofit corporation?	⑤	*
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

27





# OPERATIONAL EVALUATION (2025)

Dottie Schirtzinger  
60-A / 25017  
Muskingum County, Zanesville  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	<u>4</u>	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>20</u>	<u>5</u>	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	<u>3</u>	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	<u>2</u>	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>255</u> Proposed: <u>255</u>	<u>4</u>	*
	B. Work Hours and Pay Calculated Correctly	<u>2</u>	0
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	<u>1</u>	*
4.4	<b>Start-Up Costs Calculation</b>		
	A. Adequate and Accurate Personnel Costs	<u>3</u>	0
	B. Adequate and Accurate Site Preparation Costs	<u>2</u>	0
	C. Adequate and Accurate Rental Payments	<u>3</u>	0
	D. Total Required: \$ <u>21,112</u> On Deposit (Form 3.4): \$ <u>25,000</u>	<u>5</u>	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	<u>2</u>	0
	B. Signed and Properly Notarized	<u>3</u>	<u>0</u>

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 37

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments:

Notary Stamp is not visible on submission. (4.5)

Evaluators' signatures	Printed names	Date
(1) <u>Miles J. Grillo</u>	<u>Miles J. Grillo</u>	<u>02.25.25</u>
(2) _____	_____	_____

Operational Evaluation (2025)

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Dottie J. Schirtzinger

Proposer Number (BMV use only) \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

INDIVIDUAL	✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS	✓	BMV	NONPROFIT CORPORATION	✓	BMV
Form 3.0 Personal Checklist (this form)	✓		Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	✓		Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	✓		Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	✓		Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	✓		N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	✓		N/A	X	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	X	1	N/A	X	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	✓		Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	✓		Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	✓		Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	✓		Form 3.9 Involved and Invested in Your Business			Form 3.9 Involved and Invested in Your Business		
Form 3.10(A) Affidavit of Individual	✓		Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2025 Credit Report	✓		N/A	X	1	2025 Certificate of Good Standing		
2025 Local Law Enforcement Report	✓		2025 Local Law Enforcement Report			Articles of Incorporation		
2025 WebCheck Receipt	✓		2025 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond	✓		Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL			COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

### 3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations).  
Check the box underneath if proposing the location as a second site in addition to a current agency:

60-A      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2. Full legal name of proposer Dottie J. Schirtzinger

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

City \_\_\_\_\_ State OH Zip code 43055

4. County of residence (nonprofit corporation county of operation) Licking

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

6. Proposer's driver's license \_\_\_\_\_

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

8. Spouse's home street address \_\_\_\_\_

City \_\_\_\_\_ State OH Zip code 43055

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? N/A

C. If YES, date that you plan to leave this office? N/A

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? June 29, 2029

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? N/A

For the following three questions, **extended family** includes 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:

15. A. Does any member of your extended family 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
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A

16. A. To the best of your knowledge, will any member of your extended family 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	
N/A	N/A	Yes	No <input checked="" type="checkbox"/>
N/A	N/A	Yes	No <input checked="" type="checkbox"/>
N/A	N/A	Yes	No <input checked="" type="checkbox"/>
N/A	N/A	Yes	No <input checked="" type="checkbox"/>

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (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
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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 Newark Senior High School

City Newark State OH Zip 43055

College name N/A

City N/A State N/A Zip N/A

Major N/A Degree awarded N/A

College name N/A

City N/A State N/A Zip N/A

Major N/A Degree awarded N/A

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" please explain all computer experience in detail.

I am familiar with and use Quicken, Outlook, Microsoft Word, Excel spread sheets, and Bass, for both personal and business purposes

27. Please provide the requested information for three 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

B

C

List any special instructions for contacting this person during business hours:  
8 a.m. to 5 p.m.

28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.

**FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE**  
**FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE**  
**FORM 3.2(C) EMPLOYEE EXPERIENCE**

**Instructions**

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience. Be sure to include as much detailed experience possible within the submitted professional resume.

**Nonprofit corporations** must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fundraising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

**Form 3.2(A) Business Ownership Experience.** Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

**Form 3.2(B) Management and/or Supervisory Experience.** Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

**Form 3.2(C) Employee Experience.** Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.



## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Pataskala License Bureau  
Company address 856 North Village Drive City Newark  
State OH Zip 43055 Telephone ( 740 ) 927-2285  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Federal and Standard Driver's Licenses, State ID's, Vehicle Registrations, notary, cashier, out of state inspections, bus inspection, customer service, reinstatement fees, and salvage receipts

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): Sole Proprietor

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 30
3. Dates you operated this business: From: month 07 year 2004 To: month      year present
4. Is/was this business profitable? No      Yes ✓
5. Is/was this business your primary source of income and support? No      Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No      Yes ✓
7. Do/did you directly manage employees on a daily basis? No      Yes ✓  
If you answered yes to question number 6, how many employees do/did you manage? 7
8. Have you ever developed a comprehensive business plan? No      Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Schirtzinger Logistics, Inc.

Company address 12040 Custers Point Road NE City Thornville

State OH Zip 43076 Telephone ( ) N/A

Type of business (deputy registrar, retail grocery, etc.) Trucking

Company's products and/or services General Commodities

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): Partner

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 50 % Hours worked weekly 20

3. Dates you operated this business: From: month 04 year 2005 To: month 05 year 2010

4. Is/was this business profitable? No        Yes ✓

5. Is/was this business your primary source of income and support? No ✓ Yes       

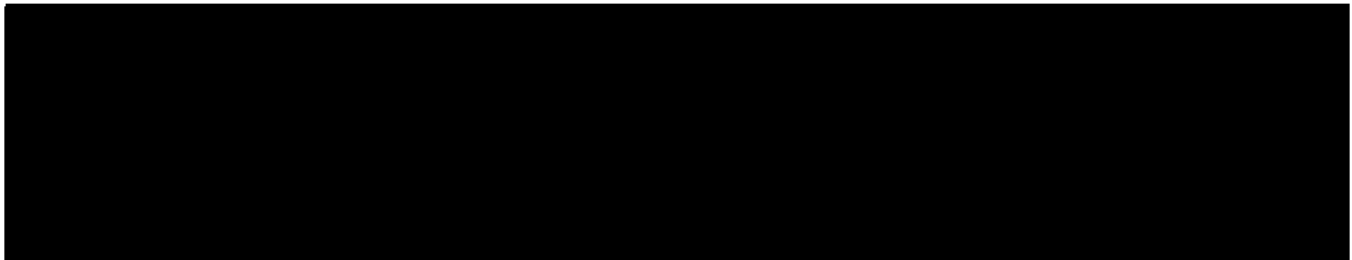
6. Do/did you directly hire, evaluate, train, and discipline employees? No ✓ Yes       

7. Do/did you directly manage employees on a daily basis? No ✓ Yes       

If you answered yes to question number 6, how many employees do/did you manage? 7

8. Have you ever developed a comprehensive business plan? No        Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)



### 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Pataskala License Bureau  
Company address 318 South Township Road City Pataskala  
State OH Zip 43062 Telephone ( 740 ) 927-2285  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties training, scheduling staff, cashier, notary, paperwork, state IDs,  
out of state inspections, customer service, drivers license, vehicle registration, salvage receipts

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 36
2. Dates this position was held: From: month 04 year 2000 To: month 06 year 2004
3. Do/did you directly hire, evaluate, train, and discipline employees? No ☒ Yes ☐
4. Do/did you directly manage/supervise employees on a daily basis? No ☐ Yes ☒  
If you answered yes to question number 4, how many employees do/did you manage? 5
5. Have you ever developed a comprehensive business plan? No ☒ Yes ☐

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

### 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Johnstown License Bureau

Company address East Coshocton Street City Johnstown

State OH Zip 43031 Telephone ( ) N/A

Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties training, scheduling staff, cashier, notary, paperwork, state IDs,  
out of state inspections, customer service, drivers license, vehicle registration, salvage receipts

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 36

2. Dates this position was held: From: month 07 year 1993 To: month 06 year 1996

3. Do/did you directly hire, evaluate, train, and discipline employees? No        Yes ✓

4. Do/did you directly manage/supervise employees on a daily basis? No        Yes ✓

If you answered yes to question number 4, how many employees do/did you manage? 3

5. Have you ever developed a comprehensive business plan? No ✓ Yes       

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

### 3.2(C) EMPLOYEE EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Newark License Bureau

Company address 287 Deo Drive City Newark

State OH Zip 43055 Telephone ( 740 ) 366-0640

Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Clerk

Hours worked weekly 25 Job duties issued drivers license, vehicle registrations, state id's, notary, cashier, and customer service

Dates of this employment: From: month 06 year 1996 To: month 07 year 1998

Describe how and to what extent you **provided high quality customer service** at this position:

I treated every customer with a smile and respect. I endeavored to do my job with understanding and within the regulations and laws to the best of my ability.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)



### 3.2(C) EMPLOYEE EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Newark License Bureau

Company address 287 Deo Drive City Newark

State OH Zip 43055 Telephone ( 740 ) 366-0640

Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Clerk

Hours worked weekly 40 Job duties issued drivers license, vehicle registrations, state id's, notary, customer service, and cashier

Dates of this employment: From: month 08 year 1992 To: month 04 year 1993

Describe how and to what extent **you provided high quality customer service** at this position:

I treated every customer with a smile and respect. I strived to do my job with understanding and within the regulations and laws to the best of my ability.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

### 3.2(C) EMPLOYEE EXPERIENCE

**Instructions.** Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Dottie J. Schirtzinger Company name Kobacker

Company address 6606 Tussing Road City Columbus

State OH Zip 43215 Telephone ( ) N/A

Type of business (deputy registrar, retail grocery, etc.) Shoe Retailer

EMPLOYEE - Job title: Human Resource Clerk

Hours worked weekly 40 Job duties processing date entry for hires and termination for shoes stores across Ohio

Dates of this employment: From: month 11 year 1989 To: month 08 year 1992

Describe how and to what extent you provided high quality customer service at this position:

I did my job with a smile and respect.

7

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

### 3.3 CUSTOMER SERVICE EXPERIENCE

**Instructions.** Please give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate sufficient customer service awareness.

A. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

I routinely help farmers fill out their Form 2290 (Highway Use Tax) and fax it to the Internal Revenue Service for filing for them. If they do not have an Employer Identification Number (EIN), I give them a telephone number to call so that they can get one.

When a customer comes into the office and/or calls for help with questions on paperwork or documents they are needing to bring with them into the office, I explain what is needed. If I am unsure on how to help them, I will research the issue to get the correct information for them.

To improve customer service, I plan to insure that my staff and I treat each customer as they would want to be treated. By greeting everyone with a smile and a good attitude. We will continue to have completed directions on how to get to the testing/examiner stations for those who are ready to take their written and/or driving tests. When a customer comes into the office for a permit, I will let them know that they will be able to take the test on-line as long as they have a web-cam.

If a customer calls in and explains that they have a health issue and are afraid of getting sick, I will work with them by having them come into the office before it is open to complete their business.

## 3.5 POLITICAL CONTRIBUTIONS REPORT

### Instructions

**Instructions** You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

**"Immediate family"** means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

**"Political party"** means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

**"Candidate"** includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

**"More than \$100.00"** means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

**County Auditors and Clerks of Court are exempt** from this requirement and need not file this Report of Political Contributions.

**Nonprofit Corporations** must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

Name: Dottie J. Schirtzinger

Title (if officer of nonprofit corporation): N/A

(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)

Did you and your immediate family together give more than \$100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT	JAN 1 - DEC 31 2022		JAN 1 - DEC 31 2023		JAN 1 - DEC 31 2024		2025 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

Form 3.5, Political Contributions Report (2025)

### 3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

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

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS



### 3.7 SECURITY PLAN SUMMARY

If you are awarded a contract, you will be required to adopt a security plan to assure that agency employees, patrons, other citizens, equipment, and consigned inventory will be protected from harm (your plan should detail how you intend to address the items listed below).

If you are awarded a contract, do you agree to provide all of the following?

Yes ☒ No ☐

ELECTRONIC ALARM SYSTEM
ALARM SYSTEM MONITORED 24 HOURS, OFF-SITE
ALARM SYSTEM REPORTS OFF-SITE IF WIRES ARE CUT OR TAMPERED
ADEQUATE ALARM MONITORED PANIC/HOLD BUTTONS
MOTION DETECTORS CONNECTED TO ALARM SYSTEM
ALARM MONITORED DOOR CONTACT ON ALL EXTERIOR DOORS
ALARM MONITORED CONTACTS ON ALL EXTERIOR WINDOWS
VIDEO RECORDING CAMERA SURVEILLANCE SYSTEM
A SAFE OR SECURE LOCKING CABINET
A SECURED STORAGE ROOM WITH ALARM MONITORED CONTACTS ON DOOR(S) AND WINDOW(S)
A CROSS CUT SHREDDER
SECURELY LOCK ALL DOORS AND WINDOWS WHEN OUTSIDE BUSINESS HOURS
SMOKE, FIRED, AND CARBON MONOXIDE DETECTION DEVICES
INTERIOR/EXTERIOR MOTION ACTIVATED SECURITY LIGHTS

**Note:** For Deputy Provided Sites, the deputy registrar shall install and maintain an approved alarm system. At BMV Controlled Sites, either the BMV or the deputy registrar will install an approved alarm system, which will be maintained by the deputy registrar.

### 3.8 FACILITY MAINTENANCE PLAN SUMMARY

If you are awarded a contract you will be required to adopt a facility maintenance plan, including provisions for maintaining the deputy registrar agency premises. Your plan should detail how you intend to address the items listed below.

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

No \_\_\_\_\_ Yes ☒

<b>OUTDOOR BUILDING MAINTENANCE</b>
<b>KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS</b>
<b>PROVISION TO ASSURE PROMPT SNOW AND ICE REMOVAL</b>
<b>CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT</b>
<b>PROVISION FOR INSIDE/OUTSIDE MAINTENANCE</b>
<b>PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING (MIN. OF ONCE A YEAR)</b>
<b>PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES</b>

## DEPUTY REGISTRAR RESPONSIBILITIES

### For 3.6, 3.7 and 3.8

The Deputy Registrar (an independent contractor) shall perform in an efficient, professional manner all services on behalf of the Registrar of the State of Ohio. These duties are, but not limited to: the issuance of drivers licenses/commercial drivers licenses, moped licenses, renewals and transfers, state identification cards, handicap placards, out of state motor vehicle inspections, and issuing forty-five day temporary tags (in compliance with the requirements of the Ohio revised Code and the Registrar). Other duties are as follows: voter registration, administering vision screenings, making notations of durable powers of attorney and other healthcare instruments, offering the public the option of listing organ donor preferences, donating two dollars to the Organ Donor Education Trust Fund, donating two dollars to the Rehabilitation Service Commission, donating to Children Save Our Sight Program, and any other service that the Registrar requires, prescribes, or chooses to offer the public.

The Deputy Registrar is required to cooperate and make certain information available to all law enforcement officers and approved government officials. A Bureau of Criminal Investigation (BCII) and FBI checks are required on all new hires.

The Deputy Registrar will adhere to all banking and depository requirements prescribed by the Registrar of the State of Ohio. A sufficient bond will be obtained to protect the interest of the State of Ohio. The deputy shall not commingle state funds with any other accounts.

The Deputy Registrar shall maintain liability, theft, and property damage insurance on the premises. It shall hold the Ohio Department of Public Safety, the Bureau of Motor Vehicles, and the Registrar harmless upon all claims for damages or thefts arising out of the operation of the Deputy Registrar agency.

The Deputy Registrar shall make certain that the agency and all services are accessible to all customers, including the disabled. A Notary Public shall be on duty during all operating hours. The vendor license shall be obtained and placed in a prominent location. State sales tax shall be collected and paid by the Deputy Registrar as required by law.

The Deputy Registrar is responsible for providing information on the optional mail-in or internet programs for vehicle registration, certified birth certificates, and all Highway Safety promotions. The Deputy Registrar shall provide to any person the name, address, telephone number, and office hours to any Deputy Registrar location located in Ohio.

The Deputy Registrar and Office Manager are required to do a monthly inventory on all chargeable and non-chargeable items.

## DEPUTY REGISTRAR DUTIES / SITE CONTROL

The Deputy Registrar shall be responsible for providing the following: desk, chairs, a safe, office equipment, laptop, storage shelves, locking filing cabinets, fax machine, copier, numbering system, alarm system, and a telephone system that is conducive to a seven (7) terminal agency.

## DEPUTY REGISTRAR DUTIES / SITE CONTROL continued

Telephone book advertising and listing shall be done as prescribed by the Registrar. System accessibility shall be as required by the Ohio Revised Code, Ohio Administrative Code, Contract, Deputy Registrar Manual, other BMV communications, and any other requirements prescribed by the Registrar.

## HIRING POLICY

The Deputy Registrar and Office Manager will personally interview all qualified applicants that complete an application or submits a resume. The criteria for employment will be based on:

- Previous license bureau experience
- Education
- Computer skills
- Communication skills
- Hours available to work

More consideration will be given to any applicant that has experience in the Deputy Registrar process and will have a thirty (30) day probation. For any new hires, a ninety (90) day probationary period will be explained, as well as the BMV-BCII and FBI background checks as prescribed by the Registrar.

The hiring policy will comply with the State of Ohio Affirmative Action Program and the Equal Employment Opportunity. The Deputy Registrar will put forth the effort to recruit, hire, train, and promote economically disadvantaged and minority employees, based on their qualifications and without discrimination as to race, color, religion, national origin, ancestry, sex, handicap, age, or any other basis which would be illegal under State or Federal law, regulations, or rule.

The Deputy Registrar adheres to the Americans with Disabilities Act and does not discriminate against any person with a known physical or mental impairment that substantially limits one or more of the major life activities of an individual.

## EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Deputy Registrar endorses the Equal Employment Opportunity (EEO) values and principles as an integral component of our culture. The Deputy Registrar is committed to providing equal opportunity in the recruitment, employment, compensation, benefits, promotions, transfers, education, and all other terms of employment. The Deputy Registrar will not discriminate on color, marital status, religion, national origin, ancestry, gender, sexual orientation, veteran status, age, physical or mental disability, or any other basis prohibited by law.

This commitment to diversity is also characterized by an inclusive culture where we value each employee's contributions and strive to develop the talents of all employees. The development of a diverse workforce will enable us to draw upon a wide spectrum of ideas for achieving our common goals.

## EMPLOYEE TRAINING

As part of the overall personnel policy, a training program will be instituted. This will require each employee, both new hires and those who have been employed by the Deputy Registrar and who will continue to be employed with the bureau, to undergo specific training to learn their duties and be cross trained to help provide insight and training into other duties of the office. Special attention shall be given to fraudulent document training as we must give maximum effort to minimize fraudulent issuance of Ohio Driver Licenses and Identification Cards. Training will be the responsibility of the Deputy Registrar and/or Office Manager. All other training required, as mandated by the Registrar, will be mandatory with the training and travel costs being funded by the Deputy Registrar.

Employee training will be on the following office policies and procedures:

1. Become knowledgeable of all the regulations and applicable laws regarding the operation of the agency
2. Always conduct themselves in a professional, courteous, friendly, and polite manner (i.e. treat people the way that you would want to be treated, have a smile on your face, good sense of humor, etc.)
3. Report to work on time
4. Observe the office dress code
5. When ill, employee must call off within two (2) hours before their start time (so another employee can be asked to fill in) first to the Deputy Registrar then second to the Office Manager
6. When an emergency arises, employee must call off as soon as possible to Deputy Registrar first then Office Manager second
7. Employee badges are to be worn at all times
8. Non-smoking work area
9. Employees will be required to clock in at the start and out at the end of each workday and on their lunch break. If an employee forgets to clock in or out, the Deputy Registrar or Office Manager will need to initial off on the timecard
10. Work area is to be kept clean, neat, and organized
11. Refrain from eating in the work area, this will only be allowed in the break room
12. No incoming or outgoing personal telephone calls, unless it is an emergency
13. During office working hours, cell phones and apple watches will be put away so that there is no texting or calling during work hours only on breaks and lunch
14. You cannot accept any type of gifts (monetary, services, or anything of value for yourself, or exchanging anything of value whether on their behalf or were directed to their family members or friends) from the customer
15. After their initial training, a desk guide will be provided to the employee to assist them should any problems arise

## EVALUATING / PROGRESS REVIEWS

The Deputy Registrar and/or Office Manager will oversee evaluation, discipline, and rewards. Evaluations will be conducted after thirty (30) days, the ninety (90) day probationary period, and annually, with a mid-year review. At the ninety (90) day and annual evaluation, a

## EVALUATING / PROGRESS REVIEWS continued

pay raise may be given. It will be completed in writing and discussed with the employee on a face-to-face basis. A copy will be given to the employee with the original put in their personnel file. See attachment A – Performance Appraisal Sheet.

For the Annual evaluation and mid-year review, management will consider the following items among others:

1. Quality and quantity of work
2. Attendance
3. Knowledge of work
4. How customers are dealt with under pressure
5. Attitude and willingness

The Deputy Registrar and/or Office Manager are continuously evaluating job performance. The day-to-day interaction between management and employee should give a sense of how the performance is progressing. A new employee may be reviewed more frequently. In the event of a promotion or change in duties and responsibilities, a review may be conducted. The reviews are to identify strengths and weaknesses to reinforce good habits and develop ways to improve weaker areas. Management is interested in helping the employee to progress and grow in work related goals, so this is a good time to discuss interests and future goals.

## DISCIPLINE

Discipline procedures will be conducted on a step basis by the Deputy Registrar and/or Office Manager. The discipline policy applies to all employees who have completed the introductory period. As the employee advances through the discipline procedures, the steps will become more severe, which could ultimately result in termination. The interim steps will include a verbal reprimand, a written reprimand, and days off without pay. If the written reprimands exceed three (3), the employee could be terminated. See attachment B – Employee Warning Notice.

1. Causes for verbal and written reprimand:
  - a. Being discourteous to customers, other employees, or management
  - b. Quality and quantity of work
  - c. Not reporting for work (too many sick days)
  - d. Abusing breaks and lunch hour
  - e. Abusing the dress code
  - f. Not reporting for work or calling off in a timely manner
  - g. Sleeping during work hours
  - h. Smoking in the agency
  - i. Eating food or drink beverages in undesignated areas
  - j. Obscene or abusive language toward customers, other employees, or management
  - k. Being absent from work for more than ten (10) days in a twelve (12) month period
2. Causes for dismissal:
  - a. Unauthorized disclosure of confidential information

## DISCIPLINE continued

- b. Falsifying records
- c. Theft in office
- d. Alcohol or drug abuse (reporting to work under the influence)
- e. Conviction of a felony
- f. Insubordination
- g. Sexual harassment
- h. Intent to harm (inflicting bodily injury – destroying bureau property)
- i. Carrying or possession of a firearm or explosives in the workplace (see attachment C)
- j. Abusing BMV Computer Compliance Policy (see attachment D)
- k. Missing too much work (sick, sick child, etc.)

## DRESS CODE

The following dress code will apply to all personnel working during office hours:

### **FEMALE:**

Female employees may wear dresses, skirts, capris, jeans, or pants that are neat, clean, and in good repair and not faded. All blouses or other bodice coverings, skirts, pants, and dresses should adequately cover the body allowing for modesty. Denim skirts, jumpers, or dresses may be worn. Skirts and dresses should not be more than two inches above the knees.

### **MALE:**

Male employees may wear suits, business casual, blue jeans, khaki pants with button down or polo shirts that are neat, clean, and in good repair.

### **FOR ALL EMPLOYEES:**

The following articles of clothing are not permitted:

- Sweat suits or sweatpants
- Leggings or form-fitting stretch pants
- Hats, caps, or other head coverings (exceptions may be made for religious or medical reasons)
- Tank tops, halter tops, string (spaghetti) strap tops
- Tee-shirts that are suggestive, indecent, or that have inappropriate sayings/drawings/photos/graphics/logos
- No political badges, stickers, or buttons (political means advocating the election or defeat of a candidate or issue or promoting a position for or against a specific political party)
- Hair curlers/rollers/hot sticks
- Tight or revealing clothing
- Torn, faded jeans/pants or frayed clothing
- Slippers or footies (socks or hosiery should be worn with the appropriate shoes that provide adequate support for the foot)

## DRESS CODE continued

Common sense should be used in dressing appropriately for working with customers. It is understood that the work may be demanding and that practical considerations are in order. Those considerations include modesty as well as comfort. Please dress in a manner that is respectful of the position.

## FRINGE BENEFITS

### ❖ HOLIDAYS / HOLIDAY PAY

To receive holiday pay, the employee must be employed for more than ninety (90) days, work more than twenty-four (24) hours per week, and work their scheduled workday before and after the holiday. Holiday pay will only be given for the day of observance.

All full-time employees, employees working thirty-six (36) hours per week, will receive their normal day's pay for the following holidays:

- |                           |                      |                   |
|---------------------------|----------------------|-------------------|
| 1. New Year's Day         | 6. Independence Day  | 11. Christmas Day |
| 2. Martin Luther King Day | 7. Labor Day         |                   |
| 3. Presidents' Day        | 8. Columbus Day      |                   |
| 4. Memorial Day           | 9. Veterans Day      |                   |
| 5. Juneteenth             | 10. Thanksgiving Day |                   |

All part-time employees, employees working twenty-four (24) hours consistently per week, will receive their normal day's pay for the following holidays:

- |                  |                     |
|------------------|---------------------|
| 1. New Years Day | 4. Thanksgiving Day |
| 2. Memorial Day  | 5. Columbus Day     |
| 3. Labor Day     |                     |

### ❖ VACATION PAY / POLICY

All full-time and part-time employees are eligible for paid vacations, and it will not be permitted to be carried over to the next year.

Full-time employees, those employees working consistently thirty-six (36) hours or more per week and that have been employed for twelve (12) consecutive months, will have earned one (1) week paid vacation. Upon completing three (3) consecutive years of employment, the employee will have earned two (2) weeks paid vacation.

Part-time employees, those employees consistently working twenty-four (24) hours or more per week and that have been employed for twelve (12) consecutive months, will have earned one (1) week paid vacation (weeks means their regular normal work week).

### ❖ EMPLOYEE SICK LEAVE

Employees consistently working thirty-six (36) hours or more per week shall accumulate one (1) hour for every four (4) weeks worked. Sick leave will not be carried over to the next year.



## FRINGE BENEFITS continued

### ❖ FAMILY MEDICAL LEAVE

Certain circumstances for which employees may need time away from work are covered by the Family and Medical Leave Act of 1993 (FMLA). Typically, any of the following reasons will qualify an eligible employee for leave under FMLA:

- The serious health condition of the employee
- The need to provide care for a sick member of the employee's immediate family who is suffering from a serious health condition
- The need to provide care for an employee's infant following birth
- The need to provide care for a child following placement for adoption or foster care in the employee's home

When these circumstances are present, an employee may request a leave for up to twelve (12) work weeks in a rolling twelve (12) month period (counting back from the first day of leave). Employees on approved FMLA must utilize any accrued sick or vacation time (to the extent such time is available to cover the FMLA event) before beginning unpaid FMLA time. This leave is not available to new employees until they complete their first (1) year of employment.

### ❖ FUNERAL LEAVE

All employees are eligible for unpaid time off up to four (4) consecutive scheduled working days for absence from work caused by death in the immediate family. More unpaid leave may be granted as necessary.

The immediate family member is defined as: a spouse, child, parent, legal guardian, brother, sister, grandparent, grandchild, or domestic partner and the mother/father, sister/brother, or grandparent of your spouse or domestic partner. Also included is the death of an employee's step-parent, step-grandparent, step-child, or step-brother/sister. The Deputy Registrar and/or Office Manager may request supporting documentation as appropriate.

### ❖ MATERNITY LEAVE / PARENTAL LEAVE

All maternity leave, both male and female, will be for six (6) weeks and is not paid. Employees covered by health insurance shall pay their share of the premium during this time. The said premiums will/or may be withheld from future paychecks. The employee is required to request this leave in writing with the date leaving and the date returning back to work.

### ❖ JURY DUTY

All employees will be paid their normal day's pay for serving on jury duty. The normal day's wages will be less any amount that was received from the court for serving as a juror. When the employee receives the notice, a copy must be submitted to the Deputy Registrar and/or Office Manager. The employee must report to work on any day that he or she serves less than a half-day.

## FRINGE BENEFITS continued

### ❖ NOTARY

If the employee takes the notary test and passes it, the Deputy Registrar will pay for it. The notary will be able to keep all notary money for any BMV-5728, BMV-5752, BMV-5706, BMV-5791, BMV-4806, titles, and Power of Attorneys for Clerk of Courts.

### ❖ HEALTH BENEFITS

The Deputy Registrar will check with each employee to determine if health insurance is wanted and will get available prices. If family coverage is wanted, the employee will be responsible for paying the family portion and the Deputy Registrar will only pay half of the amount on the employee.

### ❖ BREAK ROOM

The Deputy Registrar will provide soft drinks, snacks, chips, and candy at no cost to the employees.

## REWARDING

The rewarding of employees will be given based on their efficiency, friendliness, and courteousness to the customer and fellow employees. The methods to be used are as follows:

- verbal commendations
- written commendations
- time off with pay
- paid dinner out with the Deputy Registrar

## WORK SCHEDULES / OFFICE HOURS / BREAKS

Deputy Registrar will adhere to any office hours required by the Ohio Revised Code 4503.03 (D) or as required or requested by the Registrar of the State of Ohio. Normal office hours are:

- Monday through Friday – 8:00 AM to 5:00 PM
- Saturday – 8:00 AM to 2:00 PM

## WORK SCHEDULES / OFFICE HOURS / BREAKS continued

Hours of operation shall be posted on the front door or window. This will include posting of holiday closing days to give the customers adequate notice. The agency will not close for lunch or breaks. Employees will be required to work at least every other Saturday or more if it is necessary.

## EMPLOYEE MEETINGS

There will be three (3) employee dinner meetings per year or whenever the need arises. These meetings are mandatory. They will be held at a restaurant of the employee's choice paid for by the Deputy Registrar.

## EMPLOYEE MEETINGS continued

The purpose of these meetings is:

1. to inform the employees of any changes in BMV policies or programs,
2. to answer any questions or make suggestions,
3. a time to give verbal and written commendations,
4. review his/her policies, and
5. do any additional training.

## COMPENSATION

Employees shall be paid in accordance with the State and Federal Labor Laws. Employees shall be paid at a rate of not less than minimum wage regardless of whether the federal minimum wage otherwise applies to the Deputy Registrar's employees.

Overtime will be paid on any hours over forty (40) per week.

Employees will be paid on a bi-weekly basis.

## SOCIAL SECURITY / WORKERS' COMPENSATION/UNEMPLOYMENT COMPENSATION

Unemployment compensation is available to employees who qualify for benefits under the term of the applicable state law.

Workers' Compensation Insurance is provided for medical expenses and loss of income for a disability incurred in connection with your job. Any job-related injury should be promptly reported to the Deputy Registrar and/or Office Manager.

Social Security (FICA) is your benefit upon retirement and is deducted from your wages.

The Deputy Registrar shall be responsible for the payment of all employment compensation payments, all workers compensation payments, all social security contributions/deductions, and all other taxes or payroll deductions.

The Deputy Registrar shall comply with all applicable federal, state, and local laws requiring the with-holding of income taxes or other taxes from the compensation of his/her employees.

## EMERGENCIES / SAFETY / SECURITY

The Deputy Registrar is aware of the personal safety of both the customers and employees. Every effort shall be made to design a safe workplace. When unsafe conditions arise, the employee should inform the Deputy Registrar and/or the Office Manager.

There will be a security alarm in the building and a panic button by each computer to alert the police in an emergency. Lighted exit signs and fire extinguishers are in mandatory locations. The facility shall have an emergency lighting system in case of a power failure.

## EMERGENCIES / SAFETY / SECURITY continued

If an emergency arises of a serious nature, employees should dial 911 and report it to the proper authorities.

In case of a fire, employees should dial 911, be familiar with where the fire extinguisher locations are and how to use them, and knowledgeable of the evacuation plan to assist customers to safety.

The evacuation plan should be posted in view for easy access to customers and employees.

In case of robbery, the employee should look out for the security for themselves, the customers, and other coworkers. Give the robber(s) what they demand. When it is completely safe, the employee should dial 911 and/or push the security alarm button by the computers.

Only personnel are to be permitted behind the counter. When leaving the customer waiting area, all repair personnel, delivery personnel, and maintenance personnel are required to be escorted.

The Deputy Registrar shall have a safe to secure money and all other required items. The plates, VR's, and OL applications will be kept in a locked storeroom. Inside the locked storeroom will be a locking cabinet to contain the window placards, L1 equipment, and other important documentation.

Security is of paramount importance. The Deputy Registrar and/or Office Manager are responsible for making sure the following duties are completed at the end of each workday:

1. Make sure all exterior doors and the secured storeroom door are locked
2. All computers and printers are turned off
3. The Deputy Registrars' daily start up money is locked in the safe
4. Daily night deposits are made in a secure fashion
5. Personnel filing cabinet is locked
6. Alarm system is activated

## BMV EQUIPMENT MAINTENANCE

Equipment will be maintained pursuant to the BMV contract and in accordance with the manufacturers recommended maintenance schedules.

Terminals and other equipment will be protected during non-working hours.

Employees will be trained as to the care and weekly cleaning of the equipment.

## FACILITY MAINTENANCE PLAN

Exterior building maintenance shall be maintained by lessor. Regular ice and snow removal of parking lot will be provided by the lessor. However, a personal inspection and removal of any ice or snow on the front sidewalk shall be provided by the lessor or Deputy Registrar and/or Office Manager.

## FACILITY MAINTENANCE PLAN continued

Regular janitorial services will be provided. Specific items that will be covered are as follows:

- A. Exterior windows to be washed as needed
- B. Floors to be washed by-weekly, then waxed and buffed as needed
- C. Walls will be washed as needed
  
- D. Light fixtures will be cleaned yearly or when light bulbs are changed

The Deputy Registrar shall maintain adequate climate control, lighting, and ventilation for the comfort of the customers and employees.

Basic cleaning supplies and equipment will be on the premises to facilitate daily cleaning as needed.

Trash dumpster or other containers will be provided and regular disposal by a refuse contracted.

## TERMINATION OF EMPLOYMENT

Employees should give the Deputy Registrar a written two (2) week notice of his/her intention to resign and the reason for resignation.

This Management Specification / Personnel Policy / Employment Compensation Plan will be revised from time to time as the Deputy Registrar or Registrar of the State of Ohio determines it necessary.

**Performance Appraisal****Deputy Registrar**

Employee Name \_\_\_\_\_

Pataskala License Bureau

Title \_\_\_\_\_

Department \_\_\_\_\_

Employee Payroll Number \_\_\_\_\_

Reason for Review: ☐ Annual  
☐ Merit☐ Promotion  
☐ End of Probation Period☐ Unsatisfactory Performance  
☐ Other \_\_\_\_\_

Date started present position \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of last appraisal \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Scheduled appraisal date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Instructions: Carefully evaluate employee's work performance in relation to current job requirements. Check rating box to indicate the employee's performance. Indicate N/A if not applicable. Assign points for each rating within the case and write that number in the corresponding points box. Points will be totaled and averaged for an overall performance score.

**DEFINITION OF PERFORMANCE RATING****O = Outstanding** – Performance is exceptional in all areas and is Recognizable as being far superior to others**I = Improvement Needed** – Performance is deficient in certain areas. Improvement is necessary**V = Very Good** – Results clearly exceed most positions requirements. Performance is of high quality and is achieved on a consistent basis**U = Unsatisfactory** – Results are generally unacceptable and requires immediate improvement. No merit increase should be granted to individuals with this rating**G = Good** – Competent and dependable level of performance.

Meets performance standards of the job

**N/A = Not Applicable** or too soon to rate

GENERAL FACTORS	RATING	SCALE	POINTS	SUPPORTIVE DETAILS OR COMMENTS
1. <b>Quality</b> – The extent to which an employee's work is accurate, thorough, and neat	<b>O</b> <input type="checkbox"/>	100 – 90	Points	
	<b>V</b> <input type="checkbox"/>	89 – 80		
	<b>G</b> <input type="checkbox"/>	79 – 70		
	<b>I</b> <input type="checkbox"/>	69 – 60		
	<b>U</b> <input type="checkbox"/>	below 60		
2. <b>Productivity</b> – The extent to which an employee produces a significant volume of work efficiently in a specified period of time	<b>O</b> <input type="checkbox"/>	100 – 90	Points	
	<b>V</b> <input type="checkbox"/>	89 – 80		
	<b>G</b> <input type="checkbox"/>	79 – 70		
	<b>I</b> <input type="checkbox"/>	69 – 60		
	<b>U</b> <input type="checkbox"/>	below 60		
3. <b>Job Knowledge</b> – The extent to which an employee possesses the practical/ technical knowledge required on the job	<b>O</b> <input type="checkbox"/>	100 – 90	Points	
	<b>V</b> <input type="checkbox"/>	89 – 80		
	<b>G</b> <input type="checkbox"/>	79 – 70		
	<b>I</b> <input type="checkbox"/>	69 – 60		
	<b>U</b> <input type="checkbox"/>	below 60		
4. <b>Reliability</b> – The extent to which an employee can be relied upon regarding task completion and follow-up	<b>O</b> <input type="checkbox"/>	100 – 90	Points	
	<b>V</b> <input type="checkbox"/>	89 – 80		
	<b>G</b> <input type="checkbox"/>	79 – 70		
	<b>I</b> <input type="checkbox"/>	69 – 60		
	<b>U</b> <input type="checkbox"/>	below 60		
5. <b>Availability</b> – The extent to which an Employee's work is accurate, thorough, and neat	<b>O</b> <input type="checkbox"/>	100 – 90	Points	
	<b>V</b> <input type="checkbox"/>	89 – 80		
	<b>G</b> <input type="checkbox"/>	79 – 70		
	<b>I</b> <input type="checkbox"/>	69 – 60		
	<b>U</b> <input type="checkbox"/>	below 60		
6. <b>Independence</b> – The extent to which an employee performs work with little or no supervision	<b>O</b> <input type="checkbox"/>	100 – 90	Points	
	<b>V</b> <input type="checkbox"/>	89 – 80		
	<b>G</b> <input type="checkbox"/>	79 – 70		
	<b>I</b> <input type="checkbox"/>	69 – 60		
	<b>U</b> <input type="checkbox"/>	below 60		

## SEXUAL HARASSMENT

Sexual harassment is a form of sex discrimination and violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. submission to such conduct is either an explicit or implicit condition of an individual's employment
2. submission to or rejection of such conduct is used as the basis for employment decisions affecting such an individual, or
3. such conduct has the purpose or effect of unreasonably interfering with work performance or creating an intimidating, hostile, or offensive working environment.

### Manager's Responsibilities

Managers and supervisors are responsible for ensuring and implementing these policies. When faced with incidents of sexual harassment, management should:

1. review allegations promptly and take appropriate action
2. talk to the individual(s) involved
3. be sensitive to the privacy of those involved and respect his or her right to confidentiality

The following are actions that might be identified or perceived as conduct associated with sexual harassment:

1. hugging; stroking; pinching; kissing; grabbing; bumping; patting; unsolicited back rubs or clothing adjustments, or other unwelcome physical contact
2. cornering a person, or blocking a passageway
3. pressure for dates; propositions; sexual jokes; obscene language which is sex specific or sexual in nature; comments about a person's body; rumors which are sexual in nature; obscene phone calls, voice mail messages; notes or e-mail messages of a sexual nature
4. display of pictures, drawings, posters, cartoons, etc., which are offensive in a sexual context
5. demonstrative acts (inappropriate suggestive touching of oneself, sensual licking of lips, etc.)
6. staring, ogling, leering.

### 3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

**Instructions:** Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

I plan to manage by example by going in early and staying late. I plan to be responsible and accountable by updating and going over any changes that are made with my staff. If an employee is not completing the procedures the correct way, appropriate disciplinary action will be taken

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

I will ensure all laws, rules, guidelines, and procedures are followed by properly training my staff. I will do this by printing the e-mail broadcast updates for them to read and having them initial it to show that it was received for them to do their job correctly and efficiently. As my staff is managing a customer, I will listen in to verify that they are asking the required questions. Additionally, I will set up a checklist of procedures to be followed before the issuance or renewal of the Federal/Standard driver's licenses, state id's, and vehicle registrations.

3. What measures will you put in place to detect, deter, and prevent fraud?

In order to detect, deter, and prevent fraud, all staff members will attend fraud training with investigations. By setting up quality assurance testing to oversee that my staff is asking for the proper documentations. If any questionable document is received, it will be elevated to management, and when needed, we will contact the state for further guidance.

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

I will ensure that all policies and procedures are communicated to my staff. This will be done by printing out the e-mail broadcast daily and sharing it timely with my staff. My staff will read, initial, and date the printed e-mail to show that they have received and understand the new policy/procedure to be immediately implement it. Additionally, the new policy/procedure will be shared again at our regularly scheduled quarterly meetings.



5. How will you demonstrate good leadership to your employees?

I will demonstrate good leadership by having open and honest communication with my staff and customers. It is important to determine that my staff is doing the job well and not letting issues from outside of work affect their performance. I will work on the computer along side my employee's by working with the customer and doing whatever it is that they have come in for us to do, within reason.

6. How will you maintain a high level of professionalism each day in this business?

I will maintain a high level of professionalism by going above and beyond what is needed to complete my job. I will come in refreshed and renewed to resolve issues completely and efficiently to the best of my ability. Additionally, I will attend regular training seminars to ensure continuous learning in how to do my job better for my staff, my customers, and myself.

7. How do you intend to recruit and retain high quality employees?

By getting a resume and holding interviews, I will be able to recruit and retain high quality staff. At the interview, I will give the full job description, explain my expectations right up front, and ask business related questions to obtain the person with the most experience or aptitude. I will treat my staff with dignity and respect. I will recognize my staff for a job well done at regularly held quarterly meetings.

8. How will you provide a safe, clean and friendly place to do business?

I will provide a safe, clean, and friendly place that has a security system and cameras. Each employee will have a panic button at their station. A room will be provided for the staff to relax and socialize while on lunch or breaks. My staff knows where the fire extinguisher, AED defibrillators, and exits are located for emergencies. Finally, my staff will be instructed to give friendly service with a smile and a good attitude.

9. How would you deal with an irate customer?

I would address an irate customer by talking calmly with them. By listening to their issue and working to find a resolution to it, I would endeavor to deescalate the situation. If needed, I will contact the state to see what is going to be needed to fully resolve their issue.

10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

I will instruct and ask my staff to remain calm and to not take it personally. I would have them remember that the customer is not yelling at them, but at the situation that they are in. I will hold training session with my staff to prepare them to deal with escalated situations. Finally, if no resolution can be found or if the issue continues to escalate, I would advise my staff to call over management and have them deal with that issue. And if no resolution is found, contact will be made with the state for further guidance.

11. How will you meet the expectations of the Bureau of Motor Vehicles?

I will meet the expectations of the Bureau Motor Vehicles by following all guidance and policies. I will set up a procedure for my staff and I to follow. This will ensure that we are meeting those expectations. I will ask question on any and all things that I do not understand. I will give 100 percent in all that I do. When e-mail broadcasts are received, I will see to it that they are read, initialed, dated by my staff and implemented.

12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?

The Bureau of Motor Vehicles should consider me for a deputy registrar license agency because I have been a deputy registrar for the last twenty-five years and was employed by a deputy registrar as the office manager for ten years before that. I understand the nature of the business, the demands of the job, the importance of accuracy and efficiency. I follow the procedural standards and provide effective customer service. I have always endeavored to do my best and give this job my all. I enjoy what I do and have built a good rapport with my customers. They know that I will do all that I can for them within reason.

### 3.10(A) AFFIDAVIT OF INDIVIDUAL

(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

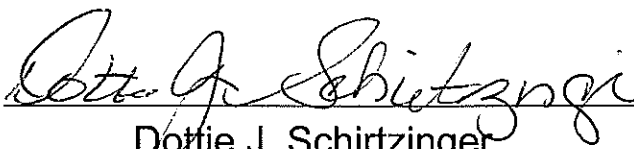
County of Muskingum :

State of Ohio :

I, Dottie J. Schirtzinger, being first duly sworn, depose and say that:

- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer:



Printed/typed name of proposer:

Dottie J. Schirtzinger

Sworn to and subscribed in my presence by the above named

Dottie Schirtzinger

on this

27

day of

January

, 2025

Notary Public

Printed name of Notary Public:

TESSA SMITH

My commission expires:

NOV 2, 27

### 3.10(B) AFFIDAVIT OF COUNTY AUDITOR OR CLERK OF COURTS

(Not to be used by Individuals or Nonprofit Corporations)

County of N/A :

State of Ohio :

I, N/A, being first duly sworn, depose and say that:

- 1) I am submitting my proposal for appointment as deputy registrar in my official capacity as N/A of N/A County, Ohio:
- 2) If appointed, I will serve as a deputy registrar in my official capacity and not in my own individual capacity;
- 3) If appointed as deputy registrar, I understand that my appointment as deputy registrar will terminate if I leave the office of County Auditor or Clerk of Courts and I will not assign my deputy registrar contract, except to a successor County Auditor or Clerk of Courts and with the advance written consent of the Registrar; and,
- 4) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 5) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: \_\_\_\_\_

Printed/typed name of proposer: N/A

Sworn to and subscribed in my presence by the above named \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Notary Public

Printed name of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

### 3.10(C) AFFIDAVIT OF A NONPROFIT CORPORATION

(Not to be used by Individuals, County Auditors or Clerks of Courts)

County of N/A                      ■ :

State of Ohio                      :

I, N/A, being first duly sworn, depose and say that:

- 1) I am duly elected or appointed (office held) N/A  
for N/A, a nonprofit corporation;
- 2) I am submitting this proposal for the appointment of said nonprofit corporation as a deputy registrar, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person, persons, or business;
- 3) If appointed the nonprofit corporation will serve as a deputy registrar in its capacity as a nonprofit corporation, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any person, persons, or business;
- 4) If appointed as a deputy registrar, the nonprofit corporation will not assign its deputy registrar contract, in whole or in part, nor any of its deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar; and,
- 5) If appointed as deputy registrar, the nonprofit corporation will fully comply with the requirement that no person, except the Registrar, shall operate or control, directly or indirectly, more than one deputy registrar agency at any time, except that I understand that a nonprofit corporation which provides automobile-related services may operate one deputy registrar agency in each county in which it offers other services;
- 6) To the best of my knowledge and belief, the nonprofit corporation is fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make it ineligible to serve as a deputy registrar; and,
- 7) I have read the forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted for the purpose of obtaining a deputy registrar contract on behalf of the nonprofit corporation.

Signature of officer: \_\_\_\_\_

Printed/typed name of officer: N/A

Printed/typed name of nonprofit corporation: N/A

Sworn to and subscribed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Notary Public

Printed name of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**DEPUTY REGISTRAR**  
**REQUEST FOR PROPOSALS**

**SECTION 4**

**(2025)**

**OPERATIONAL FORMS**

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Dottie J. Schirtzinger

Location Number 60-A

Proposer Number (*BMV use only*) \_\_\_\_\_

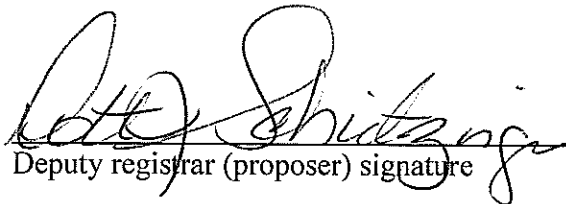
**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>21,117.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Dottie J. Schirtzinger Location number: 60-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 20 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- \_\_\_\_\_ Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- ☒ Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.

  
Deputy registrar (proposer) signature

Date: 1/27/25



### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Dottie J. Schirtzinger Location number: 60-A

**Instructions.** Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 or more per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

**Caution.** For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	20.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00	\$ 20.00	\$ 720.00	\$ 2,880.00
Assistant Office Manager	36.00	\$ 18.00	\$ 648.00	\$ 2,592.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>7</u>	163.00	\$ 15.00	\$ 2,445.00	\$ 9,780.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>      </u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTALS</b>	<b>255.00</b>	<b>N/A</b>	<b>\$ 3,813.00</b>	<b>\$ 15,252.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Dottie J. Schirtzinger Location number: 60-A

The purpose of this form is to assure the BMV that you are financially able to cover the costs of beginning a deputy registrar business. We need to know that you have enough financial resources to cover your personnel, site preparation, and site rental costs.

### 1. PERSONNEL COSTS (FOUR WEEKS)

Use Form 4.3 to calculate four (4) weeks' personnel costs for this location.

\$ 15,252.00

### 2. SITE PREPARATION COSTS (AMORTIZED)

A. If this is a Deputy Provided Site, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

1. Building Modifications	\$ <u>0</u>
2. Counter Costs	\$ <u>0</u>
3. Other Costs	\$ <u>0</u>
4. Total	\$ <u>0</u>

Total amortized over 60 month contract period  
(Divide line 4 by 60) = \$ 0

B. If this is a BMV Controlled Site, enter the information contained in the Agency Specifications for this location. Do not change the information from the Agency Specifications.

\$ 0

### 3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. If this is a Deputy Provided Site, enter the actual amount you will pay to rent or lease this site.

B. If this is a BMV Controlled Site, enter the estimated rent listed in the Agency Specifications for this site. Do not change the amount listed.

One month's rent: \$ 1,955 x 3 = \$ 5,865.00

### TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent]

\$ 21,117.00

**STATE OF OHIO**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BUREAU OF MOTOR VEHICLES**  
**DEPUTY REGISTRAR CONTRACT – 2025**

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Dottie J Schirtzinger

\_\_\_\_\_, (deputy registrar, herein) whose

home mailing address is \_\_\_\_\_

(City) \_\_\_\_\_, Ohio (Zip) 43055, to operate a deputy

registrar agency, Location No. 60-A, to be located as follows: in the

State of Ohio, County of Muskingum

City/Village/Township (indicate which) City \_\_\_\_\_ of Zanesville

Street address: 2328 June Parkway

(City) Zanesville, Ohio (Zip) 43701

**WHEREAS**, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

**WHEREAS**, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

**NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2025 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;
2. The above named person hereby accepts appointment as a deputy registrar subject to the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 29<sup>th</sup> day of **June, 2025**, and shall end on the 29<sup>th</sup> day of **June, 2030**, unless otherwise terminated as provided herein;

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein.

*Dottie O. Schifzinger*  
Deputy Registrar signature

1 27 25  
Date

STATE OF OHIO :  
COUNTY OF Muskingum :

Before me, a notary public in and for said county and state, personally appeared the above named Dottie Schifzinger, who acknowledged that he or she did sign the foregoing instrument and that the same is his or her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 27 day of January, 2025.

*Tess C. Smith*  
NOTARY PUBLIC

Printed name of Notary Public: TESS C. SMITH

My commission Expires: NOV 2, 27

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on  
\_\_\_\_\_