

Equal Opportunity Employer

CITY OF CORTLAND, OHIO CIVIL SERVICE APPLICATION

SECTION 1 – PERSONAL INFORMATION

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOME PHONE _____ WORK PHONE _____
(Optional)

APPLICANTS FOR CIVIL SERVICE EXAMINATION PLEASE READ MINIMUM QUALIFICATIONS To qualify for a requested examination, applicant must show clearly, by stated experience or training, that he/she meets all the minimum qualifications specified in the announcement bulletin. Failure to do so will result in your application being disapproved.

MILITARY CREDIT CLAIM – In order to claim military service credit, check the space to the right. Honorable Discharge or DD214 or copy thereof must be submitted with this application.
_____ **MILITARY CREDIT**

<u>ARE YOU INTERESTED IN:</u>			<u>CURRENT EXAMINATIONS REQUESTED</u>			
	YES	NO	Exam No.	Exam Title	App	Dis
Full-Time Permanent Work?	___	___	_____	_____	___	___
Part-Time Work?	___	___	_____	_____	___	___
Temporary Work?	___	___	_____	_____	___	___
Intermittent Work?	___	___	_____	_____	___	___
Summer Work Only?	___	___	_____	_____	___	___

DEADLINE: _____

Please check below the position(s) for which you are applying:

POLICE DEPARTMENT

- _____ Chief of Police
- _____ Captain
- _____ Full-Time Police Officer
- _____ Part-Time Police Officer

FIRE DEPARTMENT

- _____ Fire Chief
- _____ Assistant Chief
- _____ Captain
- _____ Lieutenant
- _____ Safety Officer
- _____ Firefighter/Paramedic
- _____ Firefighter/EMT

WATER, SEWER AND STREET DEPARTMENT

- _____ Superintendent of Public Service
- _____ Assistant Superintendent of Public Service
- _____ Mechanic
- _____ Utility Operator
- _____ Equipment Operator
- _____ Semi-Skilled Laborer
- _____ Laborer

INFORMATION RELEASE:

I hereby authorize the release of this form to appropriate officials for recruitment.

APPLICANT SIGNATURE: _____

DATE: _____

SECTION 2 – EXPERIENCE:

In the areas below, please type or print legibly, past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. **NOTE:** A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's Name and Address: _____

Length of Employment: From: Mo ____ Yr ____ To: Mo. ____ Yr ____

Reason for Leaving: _____

Position(job title and classification): _____

Salary: Beginning _____ Ending _____

Duties Performed: _____

NEXT MOST RECENT JOB:

Employer's Name and Address: _____

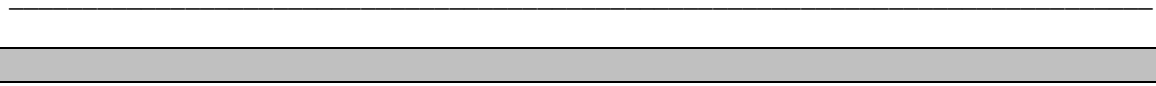
Length of Employment: From: Mo____Yr____ To: Mo.____Yr____

Reason for Leaving:_____

Position(job title and classification):_____

Salary: Beginning _____ Ending _____

Duties Performed: _____



Employer's Name and Address: _____

Length of Employment: From: Mo____Yr____ To: Mo.____Yr____

Reason for Leaving:_____

Position(job title and classification):_____

Salary: Beginning _____ Ending _____

Duties Performed: _____



Employer's Name and Address: _____

Length of Employment: From: Mo____Yr____ To: Mo.____Yr____

Reason for Leaving:_____

Position(job title and classification):_____

Salary: Beginning _____ Ending _____

Duties Performed: _____

SECTION 3 – EDUCATION AND TRAINING

EDUCATION:

Total number of years of education, including primary school: _____
 Highest academic degree or level attained: _____
 Name and address of school, college or university: _____
 Where degree was attained. If no degree, last school attended: _____
 Major subject area for graduate degree, if any: _____
 Major subject area for graduate study without a degree, if any: _____
 Major subject area for undergraduate degree, if any: _____
 Major subject area for undergraduate study without a degree, if any: _____

 Minor subject area(s) for undergraduate degree, if any: _____
 If applying for a student help or college intern position, please list the school you are attending: _____

Please list below the specific work areas relevant to the position(s) for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may not be submitted for this section.

EXAMPLE ONLY – A list of course work areas for a position in social work might include:

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES
Counseling	1	_____	_____
Interviewing	1	_____	_____
Psychology	1	_____	_____
Social Work	1	_____	_____
Speech	1	_____	_____

TRAINING AND OTHER QUALIFICATIONS

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above):

<u>Type of Training</u>	<u>Organization</u>	<u>Length of Training</u>	<u>Subjects(s) Covered</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

SECTION IV – MISCELLANEOUS

The following information will be used only if it is directly related to the classification/position for which you are applying.

	<u>YES</u>	<u>NO</u>
1. Are you willing and able to secure an Ohio Driver's License?	___	___
2. Do you currently have a Commercial License?	___	___
3. If necessary, can you supply your own transportation for work use?	___	___
4. Have you ever been employed in the state or county service of Ohio?	___	___
5. Can you perform the job-related requirements of the specific job?	___	___

If you have answered "YES" to question 4 or "NO" to question 5, please explain fully below, indicating by number to which question you are responding.

EMERGENCY INFORMATION:

List the name and address of ONE PERSON, who will always know your whereabouts.

Name	Address	City	State	Zip Code	Phone No.
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PREVIOUS ADDRESS:

Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with the date of residence for each previous address.

Address	City	State	Zip Code	Date of Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICATIONS WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Civil Service Commission, City of Cortland, Ohio

SIGNATURE OF APPLICANT: _____

Subscribed and duly sworn before me according to law, by the above named applicant this ____ day of _____, 20__, at _____, County of Trumbull and State of Ohio.

SIGNATURE OF OFFICER: _____

OFFICIAL TITLE: _____

APPLICANT MUST PROVIDE COPY OF DRIVER'S LICENSE UPON RETURN OF APPLICATION

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your Civil Service Application

DIRECTIONS: The Cortland Civil Service Commission requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information is strictly voluntary and will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only (EXCLUDING THE TEST ACCOMMODATION INFORMATION). Thank you for your cooperation.

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: _____ **Male**
_____ **Female**

RACE: _____ **WHITE** (persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
_____ **BLACK** (persons having origins in any of the Black racial groups)
_____ **HISPANIC** (persons of Mexican, Puerto Rican, Cuban Central or South American or other Spanish Culture or origin, regardless of race)
_____ **AMERICAN INDIAN, ALASKAN NATIVE** (persons having origins of any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)
_____ **ASIAN PACIFIC ISLANDERS** (persons having origins in any of the original peoples of the Far East, South East Asia, Indian Subcontinent or the Pacific Islanders.)

HANDICAP:

_____ **YES** Individual has a physical condition that limits his/her ability to attain employment.

_____ **NO**

IMPORTANT NOTE: If you have a handicap which will require special accommodations in testing, please check the "YES" line below, and use the back of this sheet to describe the type of accommodation required, such as closed circuit TV, Optacons, Readers, Large Type, Braille, or Sign Language interpreter, in known.

I HAVE A HANDICAP THAT REQUIRES ACCOMMODATIONS IN TESTING:_____ YES