



BAY VILLAGE
 CIVIL SERVICE COMMISSION
 BAY VILLAGE CITY HALL
 350 Dover Center Road
 Bay Village, Ohio 44140
 440-899-3406



CIVIL SERVICE APPLICATION FOR POLICE OFFICER

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify the impairment in the space provided and suggest the kind of accommodations that you believe would be appropriate.

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Business (Optional) _____

Title of Position you are applying for _____

Social Security Number _____ Special Arrangements or Accommodations required (optional):

INSTRUCTIONS TO APPLICANTS

This application must be completed in ink or by typewriter.

All questions must be answered unless instructions are given in examination announcement.

A false statement made on this application form is sufficient cause for the rejection of an application, for the removal of an applicant's name from a list of eligibles, or for discharge of an employee from the service after appointment.

FOR USE OF CIVIL SERVICE COMMISSION ONLY - DO NOT WRITE BELOW

Time and Date Application Received _____

Initials of Person Accepting Application _____

EXAMINATION DATE _____ GRADE _____

STANDING ON LIST _____ LIST EXPIRES _____

DATE CERTIFIED _____ DATA APPOINTED _____

ARE YOU A U.S. CITIZEN? _____ IF NATURALIZED, CERTIFICATE NUMBER _____

IF NOT U.S. CITIZEN, DO YOU POSSESS AN ALIEN REGISTRATION CARD? _____

EDUCATION AND TRAINING

Total number of years of education, including elementary school: _____

Names and addresses of high schools, colleges, and universities attended. State diploma or degree attained.

Additional courses:

ARE YOU LICENSED TO OPERATE A MOTOR VEHICLE IN OHIO?

MILITARY EXPERIENCE

Branch of Service: _____
Navy, Marines, Air Force, Army, etc.

Date of Induction _____ Rank _____ Date of Discharge _____ Rank _____

Type of Discharge: _____
Honorable, Dishonorable, Other (**ATTACH PROOF OF HONORABLE DISCHARGE**)

WORK 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 (List month and year) From: _____ To: _____

Reason for Leaving: _____

Position (Job Title/Classification): _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Next most recent job:

Employer's Name and Address: _____

Length of Employment (List month and year) From: _____ To: _____

Reason for Leaving: _____

Position (Job Title/Classification): _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Employer's Name and Address: _____

Length of Employment (List month and year) From: _____ To: _____

Reason for Leaving: _____

Position (Job Title/Classification): _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

May we contact your present employer regarding your qualifications? _____

Telephone Number _____

List each and every address at which you have lived during the past five years:

PERSONAL REFERENCES

List three references who have known you one year or longer and are over 21 years of age. Do not list city officials, relatives or former employers.

Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all traffic convictions in the last five years and all other arrests resulting in convictions. Criminal convictions will not necessarily disqualify you from employment.

Date and Place	Offense	Disposition

Use this space to give further information you believe helps qualify you for the job for which you are applying, and that will be helpful in evaluating your application.

IN THE EVENT I AM A SUCCESSFUL APPLICANT AND AM CERTIFIED FOR CONSIDERATION FOR APPOINTMENT TO A POSITION WITH THE CITY OF BAY VILLAGE, I WAIVE AND RELINQUISH MY RIGHTS UNDER THE OHIO PRIVACY ACT FOR THE PURPOSE OF INVESTIGATION OF ANY INFORMATION IN CONNECTION WITH THIS APPLICATION.

Signature of Applicant

STATE OF OHIO

) SS:

CUYAHOGA COUNTY

_____ (your name), being first duly sworn, say that all answers to the above questions are true and complete, and I agree and understand that any misstatement of material facts contained in this application will cause forfeiture of any right to any employment by the City of Bay Village.

Signature of Applicant

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____

Signature of Notary Public