



Civil Service Commission
350 Dover Center Road
Bay Village, Ohio 44140
440-899-3406

CIVIL SERVICE APPLICATION

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: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Other Phone (Optional): _____

Email Address: _____

Title of Position you are applying for: _____

Special Arrangements or Accommodations required (optional):

INSTRUCTIONS TO APPLICANTS

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 CIVIL SERVICE COMMISSION USE 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: _____

Date Appointed _____

CITIZENSHIP AND RESIDENCY

Are you a U.S. Citizen? _____ If naturalized, certificate number: _____

If Not U.S. Citizen, Do You Possess An Alien Registration Card? _____

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

EDUCATION AND TRAINING

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

Names, 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.)

Induction Date: _____ Rank: _____ Discharge Date: _____ Rank: _____

Type of Discharge: _____ (Honorable - attach proof, Dishonorable, Other)

WORK EXPERIENCE

In the areas below, please list past work experience beginning with 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 Name and Address: _____

Position (Job Title/Classification): _____

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

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

WORK EXPERIENCE (CONTINUED)

Next most recent jobs:

Employer Name and Address: _____

Position (Job Title/Classification): _____

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

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Employer Name and Address: _____

Position (Job Title/Classification): _____

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

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

May we contact your present employer regarding your qualifications? _____

Contact Name: _____ Telephone Number: _____

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 |
|-------|---------|-----------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CONVICTIONS

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 | Location | Offense | Disposition |
|-------|----------|---------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ADDITIONAL INFORMATION

Use this space to provide any further information you believe helps qualify you for the position, 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.

I certify 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.

Applicant Signature

Date