

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 \_\_\_\_\_ (Optional) WORK PHONE \_\_\_\_\_

**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>YES</u> <u>NO</u>		<u>CURRENT EXAMINATIONS REQUESTED</u>			
	<u>YES</u>	<u>NO</u>	<u>Exam No.</u>	<u>Exam Title</u>	<u>App</u>	<u>Dis</u>
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
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**INFORMATION RELEASE:**

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

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**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.

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**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: \_\_\_\_\_

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**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
<u>Counseling</u>	<u>1</u>	_____	_____
<u>Interviewing</u>	<u>1</u>	_____	_____
<u>Psychology</u>	<u>1</u>	_____	_____
<u>Social Work</u>	<u>1</u>	_____	_____
<u>Speech</u>	<u>1</u>	_____	_____

### **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.

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**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.

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**EMERGENCY INFORMATION:**

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

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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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**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 of 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**