

FILING NO. _____

VETERAN – YES _____

FILING DATE _____

NO _____

**APPLICATION FOR EXAMINATION
 YOUNGSTOWN CIVIL SERVICE COMMISSION
 26 SOUTH PHELPS STREET, CITY HALL 7TH FLOOR
 YOUNGSTOWN, OHIO 44503**

YOUR ELIGIBILITY WILL BE DETERMINED BY THE INFORMATION YOU PROVIDE ON THIS APPLICATION. FAILURE TO ANSWER EVERY ITEM TRUTHFULLY AND COMPLETELY MAY JEOPARDIZE YOUR OPPORTUNITY FOR EMPLOYMENT OR MAY CONSTITUTE GROUNDS FOR DISMISSAL AFTER EMPLOYMENT. PLEASE WRITE "N/A" IF AN ITEM DOES NOT APPLY TO YOU. PLEASE TYPE OR PRINT IN INK.

GENERAL INFORMATION	LAST NAME:	FIRST NAME	MIDDLE INITIAL
	_____	_____	_____
	PRESENT STREET ADDRESS:		SOCIAL SECURITY NUMBER
	_____		____ - ____ - ____
	CITY	STATE	ZIP CODE
_____	_____	_____	
TELEPHONE NO.	CELL/MOBILE TELEPHONE (OPTIONAL)	ARE YOU A U.S. CITIZEN?	
() _____	() _____	YES _____ NO _____	
PLEASE SPECIFY YOUR DATE OF BIRTH ONLY IF YOU ARE APPLYING FOR POLICE OFFICER OR FIREFIGHTER.			DATE OF BIRTH ____/____/____

EDUCATION	HIGH SCHOOL NAME _____		LOCATION _____		
	DID YOU GRADUATE? YES _____ NO _____		G.E.D. CERTIFICATE? YES _____ NO _____		
	COLLEGE, VOCATIONAL, TRADE, OR BUSINESS SCHOOLS	LOCATION	DATES ATTENDED Mo. /Yr. to Mo./Yr.	MAJOR	TYPE OF DEGREE OR CERTIFICATE

QUALIFICATIONS	LIST ANY SPECIAL QUALIFICATIONS OR LICENSES (exclude driver's license).	
	<u>TYPE OF LICENSES</u>	<u>EXPIRATION DATE</u>
	_____	_____
	_____	_____
Have you ever been denied a driver's license or had your driver's license suspended or revoked? YES _____ NO _____		
If yes, explain fully: _____		

MILITARY

Have you ever served in the U.S. Armed Forces? Yes _____ No _____
 Branch of Military Service _____ Dates Served: From _____ To _____
 Did you serve at least 180 days of consecutive **Active** Duty Service? Yes _____ No _____
 If yes, were you honorably discharged? Yes _____ No _____
 Present Reserve Status: Active _____ Inactive _____

EMPLOYMENT AND EXPERIENCE

LIST YOUR EMPLOYMENT RECORD BEGINNING WITH YOUR MOST RECENT POSITION. INCLUDE PERIODS OF UNEMPLOYMENT. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

WOULD YOU OBJECT TO THE CITY CONTACTING YOUR PRESENT EMPLOYER? YES _____ NO _____

_____ TO _____ MONTH YEAR MONTH YEAR _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
	ADDRESS	
	PHONE NO.	
	SUPERVISOR	REASON FOR LEAVING

_____ TO _____ MONTH YEAR MONTH YEAR _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
	ADDRESS	
	PHONE NO.	
	SUPERVISOR	REASON FOR LEAVING

_____ TO _____ MONTH YEAR MONTH YEAR _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
	ADDRESS	
	PHONE NO.	
	SUPERVISOR	REASON FOR LEAVING

_____ TO _____ MONTH YEAR MONTH YEAR _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
	ADDRESS	
	PHONE NO.	
	SUPERVISOR	REASON FOR LEAVING

Have you ever been terminated or disciplined while in a position listed above? YES _____ NO _____ If yes, state circumstances. _____

CRIMINAL

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, OR ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU AT THE PRESENT TIME? YES _____ NO _____
INCLUDE FELONIES, MISDEMEANORS, TRAFFIC, AND MILITARY CONVICTIONS. DO NOT INCLUDE PARKING VIOLATIONS. FAILURE TO ADMIT IS CAUSE FOR DISQUALIFICATION OR TERMINATION OF EMPLOYMENT IF DISCOVERED AFTER HIRING.

I hereby certify that the statements I have made on this application are true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for disqualification or dismissal. I understand that I may be required to verify all information given on this application. I understand that I must notify the Civil Service Office of any change in name, address, or telephone number or any other pertinent information. Any person found guilty of any fraud whatsoever in connection with a Civil Service Examination shall be guilty of a misdemeanor and shall, upon conviction thereof, be punished by a fine of not less than fifty (\$50) dollars nor more than five hundred (\$500) dollars or be imprisoned for a term not exceeding six months, or by both such fine and imprisonment.

Signature _____ Date _____