



City of Independence, Ohio

"THE HEART OF CUYAHOGA COUNTY"

6800 BRECKSVILLE ROAD

INDEPENDENCE, OHIO 44131

CIVIL SERVICE COMMISSION
216.524.1439

CIVIL SERVICE APPLICATION FOR LATERAL ENTRY POLICE DEPARTMENT

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

How long have you lived at the above address? _____

Phone (home) _____ 2nd phone _____ email _____

Social Security Number _____ Driver's License Number _____ St. _____

What is the month, day, and year of your birth? _____

Title of position applied for _____

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.

Applicants who do not complete the application form in full
or provide false information, do not have the application notarized,
or do not include all of the required information **SHALL BE DISQUALIFIED!**

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

Time and Date Application Received

Initials of Person Accepting Application

ARE YOU A U.S. CITIZEN _____ IF NATURALIZED, CERTIFICATE # _____
IF NOT A 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 _____

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) _____

Reason for Leaving _____

Position/(Job/Classification) _____

Starting Salary _____ Ending Salary _____

Duties _____

Next most recent job

Employer's Name and Address _____

Length of Employment (list month and year) _____

Reason for Leaving _____

Position/(Job/Classification) _____

Starting Salary _____ Ending Salary _____

Duties _____

May we contact your present employer regarding your qualifications? _____
(Contact name, phone number) _____

List each address at which you have lived during the past five years.

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.

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

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

STATE OF OHIO)
) SS:
CUYAHOGA COUNTY)

I, _____ 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 Independence.

Signature of Applicant

SWORN TO AND SUBSCRIBED IN MY PRESENCE this _____ Day of _____, 20__

Signature of Notary Public