

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 _____

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. _____

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 _____

RELEASE FOR BACKGROUND INFORMATION

YOUNGSTOWN CIVIL SERVICE COMMISSION

26 SOUTH PHELPS STREET, CITY HALL 7TH FLOOR
YOUNGSTOWN, OHIO 44503

I, _____, hereby authorize the **Youngstown Civil Service Commission** and/or its agents to conduct an independent background investigation.

I release the **Youngstown Civil Service Commission** and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above reference sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full Name: _____
(Last) *(First)* *(Middle)*

Maiden Name or Other Names Used: _____

Present Street Address (No P.O. Boxes): _____

(City) *(State)* *(Zip Code)* *(How Long?)*

Former Street Address (No P.O. Boxes): _____

(City) *(State)* *(Zip Code)* *(How Long?)*

(Date of Birth) *(Social Security Number)*

(Driver's License Number) *(State of License)*

(Signature) *(Date)*

NOTICE:

This form must be completed and returned with the application form. Failure to do so will eliminate you from employment consideration.

APPLICANT SURVEY

Please do not tear off this section. Civil Service Commission personnel will detach and process this section separately. Thank you.

NOTE: We request the information below on the Applicant Survey in order to assist our equal employment opportunity efforts. This information is *voluntary* and will in no way affect the processing of your application or consideration for employment.

This Applicant Survey should be submitted with the Youngstown Civil Service Commission Application form. **The Commission will process this survey separately and use the information for statistical purposes only.**

<p>Date: _____</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>_____</p> <p>_____</p> <p>Position Applied For: _____</p> <p>_____</p> <p>Department: _____</p>	<p style="text-align: center;"><u>SEX</u></p> <p style="text-align: center;"><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>How did you learn about this position or Examination?</p> <p><i>Please check all that apply:</i></p> <p><input type="checkbox"/> Civil Service Announcement</p> <p><input type="checkbox"/> Vindicator Newspaper Posting</p> <p><input type="checkbox"/> Buckeye Review Newspaper Posting</p> <p><input type="checkbox"/> YSU Jambar Posting</p> <p><input type="checkbox"/> One Stop or ODJFS</p> <p><input type="checkbox"/> City Website</p> <p><input type="checkbox"/> Other: (please list) _____</p> <p>_____</p>	<p style="text-align: center;"><u>RACE</u> <i>(OPTIONAL)</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native American Or Alaskan Native</p> <p><input type="checkbox"/> Asian/Pacific Islanders</p> <p><input type="checkbox"/> Other</p>