

**MUNICIPAL  
CIVIL SERVICE COMMISSION  
WARREN, OHIO**

**APPLICATION FOR EXAMINATION**

1. Before filling out this application read the examination announcement carefully to make sure that you meet all the requirements.
2. "THE COMMISSION MAY REFUSE TO EXAMINE AN APPLICANT, OR, AFTER AN EXAMINATION, REFUSE TO CERTIFY THE APPLICANT AS ELIGIBLE, WHO IS FOUND TO LACK ANY OF THE ESTABLISHED PRELIMINARY REQUIREMENTS FOR THE EXAMINATION, WHO IS PHYSICALLY SO DISABLED AS TO BE RENDERED UNFIT FOR THE PERFORMANCE OF THE DUTIES OF THE POSITION WHICH HE/SHE SEEKS, WHO IS ADDICTED TO THE HABITUAL USE OF INTOXICATING LIQUORS OR DRUGS TO EXCESS, WHO HAS BEEN CONVICTED OF A FELONY, WHO HAS BEEN GUILTY OF INFAMOUS OR NOTORIOUSLY DISGRACEFUL CONDUCT, WHO HAS BEEN DISMISSED FROM EITHER BRANCH OF THE CIVIL SERVICE FOR DELINQUENCY OR MISCONDUCT, OR WHO HAS MADE FALSE STATEMENTS OF ANY MATERIAL FACT, OR PRACTICED, OR ATTEMPTED TO PRACTICE, ANY DECEPTION OR FRAUD IN HIS/HER APPLICATION OR IN HIS/HER EXAMINATION, IN ESTABLISHING HIS/HER ELIGIBILITY, OR SECURING HIS/HER APPOINTMENT," (SEC. 124.25 O.R.C.)
3. Position Applying for: \_\_\_\_\_

1. (a) Print Name in Full – D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone # \_\_\_\_\_  
\_\_\_\_\_ Business Phone # \_\_\_\_\_  
First Middle Last

(b) Present Address:

Number Street City State Zip

2. (a) List Last Two Previous Addresses: (b) How Long There? Are You a Citizen of the U.S.?  
No., Street & City \_\_\_\_\_ Yrs. \_\_\_\_ Mo. \_\_\_\_ ( ) Yes ( ) No  
No., Street & City \_\_\_\_\_ Yrs. \_\_\_\_ Mo. \_\_\_\_

3. Are you or were you ever a member of an organization which advocated or advocates the overthrow of our constitutional form of government in the United States other than by constitutional means? Answer: Yes ( ) No ( )

If answer is "Yes", explain in detail \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever filed an application for a Warren, Ohio Civil Service Examination? Answer: Yes ( ) No ( )

Give details \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been disqualified or rejected at a previous examination? Answer: Yes ( ) No ( ) If so, when and for what position?

Cause \_\_\_\_\_  
\_\_\_\_\_

6. Do you have an Ohio Automobile Operator's License? Yes ( ) No ( ) Date of Issuance \_\_\_\_\_ Does it list any convictions and bond forfeitures (state which) for 2 years prior to the date of issuance, or since date of issuance? List details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. If you claim veteran's preference for military service, give:

Branch of Service \_\_\_\_\_ Date of entry into Service: \_\_\_\_\_ Date of separation from Service \_\_\_\_\_

Were you honorably discharged? Answer Yes ( ) No ( )

8. GIVE NAME AND LOCATION OF SCHOOLS ATTENDED CIRCLE LAST GRADE COMPLETED DID YOU GRADUATE? GIVE DATE LEAVING OR GRAD?

(a) Last Common-Public or Private \_\_\_\_\_ 1 2 3 4 5 6 7 8 \_\_\_\_\_

(b) Last Junior High School \_\_\_\_\_ 7 8 9 \_\_\_\_\_

(c) Last High School-Public or Private \_\_\_\_\_ 9 10 11 12 \_\_\_\_\_

(d) College or University (list all) \_\_\_\_\_

(e) Business College \_\_\_\_\_

Name No. of Months Course Taken

(f) Correspondence Courses \_\_\_\_\_

Name No. of Months Course Taken

9. Is a license or certificate required to practice your trade or profession? Answer: Yes ( ) No ( ) give facts:

Trade or Profession \_\_\_\_\_ Date Issued \_\_\_\_\_ Number \_\_\_\_\_ Authority granting license or certificate.

EMPLOYMENT RECORD-List previous places of employment for the past five years

Table with 6 columns: From Mo. Yr., To Mo. Yr., Employer's Name and Address, Duties Performed, Salary, Reason for Leaving. Rows 1-5.

Note: The following oath or affirmation must be completed before a Notary Public or other officer empowered by statute to administer oaths. This application will not be accepted unless sworn to below.

STATE OF OHIO

}SS

COUNTY OF TRUMBULL

The undersigned applicant \_\_\_\_\_, being first duly sworn, states that he (or she) is the person mentioned in the foregoing application, and that the several answers or statements, therein contained are full and true to the best of his (or her) knowledge and belief.

(Signature of Applicant) \_\_\_\_\_

Subscribed and duly sworn to before me according to law, by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

at \_\_\_\_\_, County of \_\_\_\_\_, and State of Ohio.

(Official) \_\_\_\_\_

(Impression) Notary \_\_\_\_\_

(Seal) \_\_\_\_\_, Ohio