

APPLICATION FOR EXAMINATION

TO: The Civil Service Commission, City of Martins Ferry Ohio

I hereby apply to the Civil Service Commission for examination for appointment to the position of _____ in the City of Martins Ferry, Ohio.

Full Legal Name: _____ Age: _____

Address: _____ Telephone #: _____

Where were you born? City: _____ State: _____

If Foreign Born, date when naturalized? _____

List all business and employment for the previous five years: _____

List all addresses for the previous five years: _____

Highest level of education: _____ Where Obtained: _____

Have you ever been convicted of a crime, if yes please provide details: _____

Have you ever been dismissed from any branch of Civil Service for delinquency or misconduct, if yes please provide details: _____

Have you served in any branch of the Armed Forces: _____

If you answered yes above, provide the branch of service, dates of service, and type of discharge:

CERTIFICATION

I certify that the answers I have given to all the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attend, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____ Date: _____

STATE OF OHIO

COUNTY OF BELMONT

_____ swore to and acknowledged this Affidavit before me on the
_____ day of _____ 20____

Notary Public

We, the undersigned, hereby certify that we have personal contact with the above-named applicant, that his habits are good, and that he is of good moral character, and is worthy of appointment to the position named above.

Name	Occupation	Address	Telephone #

(Applicant must obtain three (3) reference signature)