

APPLICATION FOR EXAMINATION: I hereby apply to the Civil Service Commission, St. Clairsville, OH, for examination for appointment to the position of Police Officer.



APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address								Apartment/Unit #				
City				State				Zip				
Phone				Previous Address								
Cell				E-mail Address								
Available to start				Social Security #				Date of Birth / /				
Have you ever worked for the City of St. Clairsville?			YES	NO	If so, when?							
Are you a citizen of the United States and/or authorized to work in the U.S.?							YES	NO				
EDUCATION												
High School					Address							
Did you graduate?		YES	NO									
College					Address							
Did you graduate?		YES	NO	Degree								
Other					Address							
Did you graduate?		YES	NO	Degree								
REFERENCES												
<i>Please list three professional references.</i>												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												

THE CITY IS AN EQUAL OPPORTUNITY EMPLOYER

PREVIOUS EMPLOYMENT FOR PREVIOUS FIVE YEARS			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

I authorize investigation of all information contained in this application, and I authorize the individuals listed as references to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from liability for any damages that may arise as a result of the investigation of the information I have provided.

Signature	Date
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