

Date: \_\_\_\_\_

Time Filed: \_\_\_\_\_



**Civil Service Commission of Brecksville, Ohio**  
 Phone: 440-526-4351  
**Application for Examination**

**Important Instructions**

1. All answers must be in the **HANDWRITING** of the applicant – **IN INK.**
1. Answer questions **CAREFULLY.** An error might disqualify you. Please write "N/A" if an item does not apply to you.
2. Any false statement knowingly made shall be good cause to exclude you from examination or remove you from any register or eligible list.

**TO THE CIVIL SERVICE COMMISSION OF BRECKSVILLE, OHIO:**

**The undersigned hereby applies for admission to the examination for the position of \_\_\_\_\_**

Name: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Present Residence:  
 No. & Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a U.S. Citizen    Yes \_\_\_\_\_    Home Phone \_\_\_\_\_    Will you be at least 20 years old at the time of the  
    No \_\_\_\_\_    Work Phone \_\_\_\_\_    test?    Yes \_\_\_ No \_\_\_  
    Cell Phone \_\_\_\_\_    email address: \_\_\_\_\_

**Name and address of persons to be notified in case of and accident or emergency**

Name & Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
 No. & Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Do you have a drivers' license?**     Yes     No

Drivers' license number \_\_\_\_\_ State issuing board \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_

**Education Information**

	<b>Name &amp; Address</b>	<b>Years Attended</b>	<b>Subjects Studied</b>	<b>Did You Graduate?</b>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
OPOTA and/or Paramedic Certification				<input type="checkbox"/> Yes <input type="checkbox"/> No
State of Ohio Firefighter Level II Certification?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe any distinctive course, seminars and/or training that you have completed that would enable you to perform the position for which you are applying

**Branch of Armed Forces (Served In):** \_\_\_\_\_

Active Duty Dates:    From: \_\_\_\_\_ To: \_\_\_\_\_

Rank Obtained: \_\_\_\_\_

<b>Employment History</b> (begin with the most recent)				
<b>Employer Name &amp; Address &amp; Contact</b>	<b>Position</b>	<b>Start/End Dates</b>	<b>Salary</b>	<b>Reason for Leaving</b>
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

Are you receiving a benefit from OPERS or another Ohio retirement system?  Yes  No

**Professional References** Please list three references who are not relatives or employees

Name	Occupation
Address	Phone #

Name	Occupation
Address	Phone #

Name	Occupation
Address	Phone #

**Certification**

I certify that the information provided on both sides of the application is accurate and is made in good faith. I agree and understand that any misstatement of facts contained in this application may disqualify me for any employment or result in my removal from employment with the City of Brecksville. I further understand that upon passing the written test, I will be required to submit to an agility test and may be required to submit to polygraph, psychological and background checks. I authorize the City of Brecksville through its employees, contractors and agents to verify any information concerning my previous employment, education, criminal background and driving history with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as the City requires, including my prior disciplinary employment records, without any obligation to give me written notice of such disclosure. I hereby release the City of Brecksville and its employees, contractors, and agents and any disclosing personnel or legal entity from any liability whatsoever as a result of such inquiries and disclosure. Convictions of felonies or certain misdemeanors may result in potential disqualification.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Equal Opportunity Employer**

As an Equal Opportunity Employer, the City of Brecksville does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or genetic information.

I certify that all statements on this application are true and complete. I understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

STATE OF OHIO  
 Sworn to and subscribed in my presence  
 This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_  
 Notary Public \_\_\_\_\_  
 Examiner \_\_\_\_\_