

CIVIL SERVICE COMMISSION
CITY OF DELPHOS, OHIO
APPLICATION FOR EXAMINATION

How to file application: This application must be filled out completely on both sides and returned to one of the following by 4 PM on Thursday, May 2, 2019. By Email: sgeorge@cityofdelphos.com, or kstreets@cityofdelphos.com or by drop off or USPS to Delphos Municipal Building; 608 N. Canal St. Attn: Sherryl George. The agility examination will be held at 8:00 a.m. May 4 at the Delphos Fire Department. You must pass the agility test in order to sit for the written exam. The written examination will be held at 6:00 p.m. on May 6, 2019 at the Fireman Clubhouse, 911 Lima Ave. Delphos, OH.

TITLE OF EXAMINATION OR JOB: Firefighter/EMT

APPLICANT INFORMATION (type or print)			
Name:			
Address:		Date of Birth:	
City:	ST:	ZIP:	Age:
Contact Number:			
Email address (required):			
Social Security No.:			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

U.S. MILITARY SERVICE	
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:
Division of Branch:	Date of Discharge:
Rank at Discharge:	
List special training or skills acquired during service:	

EMPLOYMENT RECORD: List below the names of your former employers, beginning with the most recent.				
Name and Address	Employment Start	Employment End	Position	Salary
1.				
2.				
3.				

REFERENCES: List three persons or business references not related to you. (Name, Address and Phone)
1.
2.
3.

EDUCATION

Type of School	Name & Address	Circle Last Year Completed				Diploma Degree
		1	2	3	4	
Correspondence or Night School		1	2	3	4	
Business (Trade)		1	2	3	4	
Graduate School		1	2	3	4	
College		1	2	3	4	
High School		1	2	3	4	
Elementary		5	6	7	8	
College Major		Credit Hours		Semester or Quarter		

LIST SPECIAL SKILLS (Operation of office machines, shop equipment, etc. _____

Do you possess a valid Ohio Driver's License? _____ Yes _____ No

Are you licensed to practice a trade or profession in Ohio? _____ Yes _____ No

If yes, name trade and give license or certificate number: _____

CERTIFICATE OF APPLICATION: I hereby certify that all information given in this application is true and agree and understand any misstatement of material facts contained in this application may cause forfeiture of all my rights to employment with the City of Delphos. Has this application been completed in your own handwriting or by your own typewriting? _____ Yes _____ No.

Date: _____ Signature: _____

**DO NOT WRITE BELOW THIS LINE
 CIVIL SERVICE COMMISSION AND INTERVIEWER ONLY**

Date Received: _____ Identification No. _____

INTERVIEWER'S COMMENTS: