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 submitted to ***City of Delphos, Civil Service Commission, on the day of the agility exam at the Delphos Fire Department***

TITLE OF EXAMINATION OR JOB: Firefighter/EMT

APPLICANT INFORMATION (type or print)			
Name:			
Address:			Date of Birth:
City:	ST:	ZIP:	Age:
Contact Number:			
Social Security No.:			
Are you a U.S. Citizen? _____ Yes _____ No			

U.S. MILITARY SERVICE	
Have you served in the U.S. Armed Forces? _____Yes _____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
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: