



# City of Independence, Ohio

"THE HEART OF CUYAHOGA COUNTY"

6800 BRECKSVILLE ROAD

INDEPENDENCE, OHIO 44131

CIVIL SERVICE COMMISSION

216.524.4131 ext 2602

## CIVIL SERVICE APPLICATION FOR LATERAL ENTRY POLICE DEPARTMENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Phone (home) \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_ email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ St. \_\_\_\_\_

What is the month, day, and year of your birth? \_\_\_\_\_

Title of position applied for \_\_\_\_\_

### INSTRUCTIONS TO APPLICANTS

**This application must be completed in ink or electronically.**

**All questions must be answered unless instructions are given in examination announcement.**

**Applicants who do not complete the application form in full  
or provide false information, do not have the application notarized,  
or do not include all of the required information SHALL BE DISQUALIFIED!**

**FOR USE OF CIVIL SERVICE COMMISSION ONLY – DO NOT WRITE BELOW**

\_\_\_\_\_  
Time and Date Application Received

\_\_\_\_\_  
Initials of Person Accepting Application

ARE YOU A U.S. CITIZEN \_\_\_\_\_ IF NATURALIZED, CERTIFICATE # \_\_\_\_\_  
IF NOT A U.S. CITIZEN, DO YOU POSSESS AN ALIEN REGISTRATION CARD?

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### EDUCATION AND TRAINING

Total number of years of education including elementary school \_\_\_\_\_

Names and addresses of high schools, colleges and universities attended. State diploma or degree attained.

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Additional courses \_\_\_\_\_

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### WORK EXPERIENCE

In the areas below, please type or print legibly, past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment.

**NOTE! A RESUME MAY NOT BE USED AS A SUBSTITUTE FOR COMPLETING THIS PAGE.**

#### Present or most recent job

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Employer's Name and Address \_\_\_\_\_

Length of Employment (list month and year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Position/(Job/Classification) \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties \_\_\_\_\_

#### Next most recent job

Employer's Name and Address \_\_\_\_\_

Length of Employment (list month and year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Position/(Job/Classification) \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties \_\_\_\_\_

May we contact your present employer regarding your qualifications? \_\_\_\_\_  
(Contact name, phone number) \_\_\_\_\_

List each address at which you have lived during the past five years.

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Use this space to give further information you believe helps qualify you for the job for which you are applying and that will be helpful in evaluating your application.

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### PERSONAL REFERENCES

List three references who have known you one year or longer and are over 21 years of age. Do not list City officials, relatives or former employers.

Name	Address	Telephone	Occupation

Date and Place	Offense	Disposition

**IN THE EVENT I AM A SUCCESSFUL APPLICANT AND AM CERTIFIED FOR CONSIDERATION FOR APPOINTMENT TO A POSITION WITH THE CITY OF INDEPENDENCE, I WAIVE AND RELINQUISH MY RIGHTS UNDER THE OHIO PRIVACY ACT FOR THE PURPOSE OF INVESTIGATION OF ANY INFORMATION IN CONNECTION WITH THIS APPLICATION.**

**STATE OF OHIO            )**  
  **) SS:**  
**CUYAHOGA COUNTY    )**

**I, \_\_\_\_\_ being first duly sworn, say that all answers to the above questions are true and complete and I agree and understand that any misstatement of material facts contained in this application will cause forfeiture of any right to any employment by the City of Independence.**

\_\_\_\_\_  
**Signature of Applicant**

**SWORN TO AND SUBSCRIBED IN MY PRESENCE this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**Signature of Notary Public**