

IMPORTANT REMINDER

IT IS YOUR RESPONSIBILITY TO READ THIS ENTIRE ATTACHED ANNOUNCEMENT CAREFULLY. YOUR APPLICATION WILL NOT BE ACCEPTED IF THE FOLLOWING ITEMS ARE NOT ENCLOSED WITH THE APPLICATION.

1. Copy of Birth Certificate
2. Copy of High School Diploma or Equivalent.
3. Copy of Certificate of Service or Copy of Honorable Discharge if you Desire Veteran's Preference.
4. Sign Permission for Background Check.
5. Please Make Sure Social Security Number is Enclosed.

Joan Haushalter, President
Bellefontaine Civil Service Commission

**CIVIL SERVICE COMMISSION
CITY OF BELLEFONTAINE, OHIO
APPLICATION FOR CLASSIFIED SERVICE**

Applicant should read carefully the accompanying instructions. Each blank must be carefully and correctly filled out and ALL QUESTIONS must be answered. All answers must be in ink, the application in the handwriting of the applicant and each certificate in the handwriting of the signer thereof. There must be no variation in the name of the applicant in any part of the application or in the certificates. Applications executed or dated, or the certificates which are executed or dated, more than 30 days before the date of filing, will not be accepted. No application will be considered which has been on file for 90 days or more. The following questions are to be answered under oath:

The City of Bellefontaine is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, marital status, veteran status, religion, creed, national origin, medical condition or disability.

I, the undersigned, hereby apply for the position named below:

1. For what position do you desire to apply for? _____

2. In what Department? _____

3. What is your name in full? (Give your name in full middle initial, or initials, if you have any, and your surname in full). _____

4. Are you a citizen of the United States? _____

5. Are you a registered voter of the City of Bellefontaine? (yes/no) _____

If yes, what Ward? _____ Precinct? _____

6. Social Security Number? _____

7. Where were you born? (City/State) _____

What was the month, day, and year of your birth? _____

What was your age on your last birthday? _____

8. What is your actual residence? State _____ Zip Code _____

City _____ Street Address _____

How long has this been your legal residence? _____

Continuous residence to exact date of application must be shown.

From: _____ To: _____

Phone number _____ Cell Number _____

9. Name the kind of school in which you were educated. If educated in high school, academy, college, university, etc., name and location of the school and state how long you attended and whether you graduated. _____

10. Are you or have you been married? _____

If you have children, how many rely on you for support? _____

11. Have you ever been convicted of any crime, felony or misdemeanor? _____

Explain: _____

12. How tall are you in your bare feet? _____ Weight? _____

13. Present business or employment? _____

Employment for the last five years. _____

14. Have you been examined for any branch of the official service of the City by the Board of Public Safety, or the Civil Service Commission? If so, mention each kind of examination taken, the date and the result.

Kind of Examination:

Date:

Passed or Failed:

15. Were you a member of the U.S. Armed Forces? _____

If yes, which branch? _____ Dates of active duty? _____

Did you receive an Honorable Discharge? _____

16. Do you have a valid Ohio drivers license? _____ License number? _____

17. State in detail, giving place and dates covering time of your actual experience in the line of work required in the position for which you are applying? _____

18. Are each and all of the answers to the foregoing questions in your own handwriting? _____

In Witness Whereof, I have hereunto subscribed my name this _____ day of _____
20____, at _____, County of _____ and State of _____.

Applicants Signature) _____

The following oath must be taken before a Notary Public or other Officer authorized to administer oaths for general purposes, and the officers Signature must be Authenticated by Official Seal.

The State of Ohio _____ County, ss

Now comes _____ a legal resident of _____,

County of _____ and State of _____ having sworn before me, declared that he is the person described in the foregoing application for employment; and that all the statements contained in said answers are true to the best of their knowledge and belief.

Sworn and subscribed before me, this _____ day of _____, 20 _____ at

_____ County of _____ State of _____.

Signature of Officer _____

(Official Seal)

Official Title _____

937-599-1010
EMERGENCY • DIAL 9-1-1
INVESTIGATIONS • 599-3554
CRIME TIPS • 599-TIPS
FAX • 599-2545

BRANDON K. STANDLEY
Chief of Police

LT. CHRISTOPHER S. MARLOW
Executive Officer

SCOTT R. MARLOW
Lieutenant

Bellefontaine Police Department

135 NORTH DETROIT STREET BELLEFONTAINE, OHIO 43311-1479

police@ci.bellefontaine.oh.us

APPLICANT BACKGROUND INVESTIGATION WAIVER

Name: _____

Maiden name or Alias (Designate): _____

Present Address: _____

Date of Birth: _____ Social Security Number: _____

State of Ohio

County of Logan) ss:

I, _____, have made application for employment with the City of Bellefontaine Police Department and hereby give permission to the City of Bellefontaine and/or the Bellefontaine Police Department to conduct an investigation for the purpose of determining my suitability for employment. I hereby give permission to the City of Bellefontaine and/or the Bellefontaine Police Department to inquire concerning my credit rating, arrest record(s), school records, employment records, and to interview any previous employer and any other person that the City of Bellefontaine Police Department believes to have information concerning my character.

I request and authorize any City, County, State, Federal agency or any other public or private company or individual to make available any information contained in their files or known about me. I agree to hold any source of information blameless for any error in reporting this information and I release all persons whomsoever from any damage as a result of furnishing said information. All information requested is for the purpose of determining suitability for employment with the City of Bellefontaine, Ohio Police Department and is subject to disclosure as provided for under Ohio Public Records and other applicable law.

Dated this _____ day of _____, 20____.

Signature of Applicant

Sworn to and subscribed in my presence this _____ day of _____, 20____

By _____

Notary Public, State of Ohio

My commission Expires _____