

**MUNICIPAL
CIVIL SERVICE COMMISSION
NEWTON FALLS, OHIO
APPLICATION FOR EXAMINATION**

IMPORTANT INSTRUCTIONS

1. Before filling out this application read the examination announcement carefully to make sure that you meet all the requirements.
2. Answer EVERY question carefully, completely and correctly. **Print in ink.**
3. All statements in this application are to be made **under oath** and may be investigated by this Commission.
4. **“THE COMMISSION MAY REFUSE TO PROCESS AN APPLICATION, OR, AFTER AN EXAMINATION HAS OCCURRED, MAY REFUSE TO CERTIFY THE APPLICANT AS ELIGIBLE FOR THE POSITION SOUGHT IF**
 - 1) **THE APPLICANT IS FOUND OR DETERMINED TO LACK ANY OF THE ESTABLISHED PRELIMINARY REQUIREMENTS FOR THE POSITION SOUGHT OR;**
 - 2) **IF THE APPLICANT FAILS TO PASS A DRUG SCREEN OR;**
 - 3) **IF THE APPLICANT HAS PREVIOUSLY BEEN CONVICTED OF A FELONY OR;**
 - 4) **IF THE APPLICANT IS KNOWN TO HAVE ENGAGED IN INFAMOUS OR NOTORIOUSLY DISGRACEFUL CONDUCT OR;**
 - 5) **IF THE APPLICANT HAS PREVIOUSLY BEEN DISMISSED FROM EITHER BRANCH OF THE CIVIL SERVICE FOR EITHER DELINQUENCY OR MISCONDUCT OR;**
 - 6) **IF THE APPLICANT HAS MADE FALSE OR MISLEADING STATEMENTS WITH RESPECT TO HIS OR HER APPLICATION FOR EXAMINATION”.**
5. **SPECIAL CREDIT FOR MILITARY SERVICE:** Section 143.16 of the Ohio Revised Code provides in part as follows: “ any soldier, sailor, marine, coast guardsman, member of the auxiliary corps as established by congress, member of the army nurse corps or navy nurse corps, or Red Cross nurse who has served in the army, navy or hospital service of the United States, and such other military service as is designated by congress, World War I, World War II, or during the period beginning May 1, 1949 and lasting so long as the armed forces of the United States are engaged in armed conflict or occupation duty, or the selective service or similar conscriptive acts are in effect in the United States whichever is the later date, who has been honorably discharged therefrom--- may file with the commission a certificate of service and honorable discharge, whereupon he shall receive additional credit of *(ten percent)* * of his total grade given in the regular examination in which he receives a **passing grade.**” (*Newton Falls CSC Regulations*)*

APPLICANTS WHO HAVE HAD SUCH SERVICE AND WISH TO CLAIM SUCH ADDITIONAL CREDIT MUST STATE IN THEIR APPLICATION THE EXACT DATES OF SERVICE AND PRESENT TO THE COMMISSION THEIR CERTIFICATE OF SERVICE OR HONORABLE DISCHARGE OR CERTIFIED COPIES FROM THE COUNTY RECORDER’S OFFICE THEREOF.
6. **Applicants are permitted to take only one examination at any one time.**
7. If more space is required to properly answer any question, attach additional sheets of paper to the inside of this application, indicating to which question or questions, the answer applies, signing your full name and address and date on each sheet.

I hereby apply for admission for the examination for the position of in the service of City of Newton Falls, Ohio.

1. (a) Print name in Full - <hr/> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>	3. Home Phone No. () _____ Listed in Whose Name: _____
2. (a) Present Address: <hr/> <div style="display: flex; justify-content: space-between;"> Number Street City Zip </div> How long have you lived there: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Years Months </div>	Business Phone No. () _____
(b) List Last Two Previous Addresses: (b) How Long There ? No. Street & City _____ Yrs. ___ Mos. ___ No. Street & City _____ Yrs. ___ Mos. ___	4. Are You a Citizen of the U.S. ? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

5. Are you able to consistently and adequately perform the essential functions of the position sought, with or without accommodation? Yes No

6. Are you or were you ever a member of an organization, which advocates or advocated the overthrow of our constitutional form of government in the United States other than by constitutional means? Answer: Yes No If the answer is "Yes", explain in detail.....

7. Have you ever filed an application for a Newton Falls, Ohio Civil Service Examination ? Yes No Give Detail.....
 Have you ever been disqualified or rejected at a previous examination ? Yes No If so, when and for what position?
 Cause.....

8. Do you have an Ohio Automobile Operator's License? Yes No Date of issuance.....
 Does it list convictions and bond forfeitures (state which) for two years prior to the date of issuance?
 List Details.....

9. If you claim veteran's preference for military service, give: Branch of Service Date of entry in Service: Date of Separation from Service: Were you honorably discharged ? Yes No Please attach a copy of your DD 214 **certified by the County Recorder.**

10. GIVE NAME AND LOCATION OF SCHOOLS ATTENDED	CIRCLE LAST GRADE COMPLETED	DID YOU GRADUATE ?	GIVE DATE OF LEAVING OR GRADUATION
(a) Last Elementary School (public or private):	1 2 3 4 5 6 7 8
(b) Last Junior High School (public or private):	7 8 9
(c) Last High School (public or private):	9 10 11 12

(d) College or University (list all and degrees, if any)

(e) Business or Technical College

Name	No. of Months	Courses Taken
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11. Is a license or certificate required to practice your present trade or profession ? Yes () No ().

If "Yes" give facts Trade or Profession Date Issued Number

Authority granting license of certificate

Employment Record

NOTE: Begin with present (or last) position and work back 5 years listing accurately, by date, previous places of employment. Account for all time.

FROM		TO		EMPLOYER'S NAME AND ADDRESS	DUTIES PERFORMED	SALARY	REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
1.
2.
3.
4.
5.
6.
7.
8.

OATH

NOTE: The following oath or affirmation must be completed before a Notary Public or other officer empowered to administer oath. This application will not be accepted unless sworn to below.

STATE OF OHIO
COUNTY OF TRUMBULL

The undersigned applicant being first duly sworn, says that he (or she) is the person mentioned in the foregoing application, and that the several answers therein contained are full and true to the best of his (or her) knowledge and belief.
(Signature of Applicant)

(Social Security No. of Applicant)

Subscribed and duly sworn to before me according to lay, by the above-named applicant thisday of 200.....
atCounty of and State of Ohio.

(Official) (Signature of Officer)

(Impression) (Official Title)

(Seal) (Address)

....., Ohio

DATE:
TIME:
CLERK:

TO APPLICANTS FOR CIVIL SERVICE TESTING:

Be sure that:

- 1. Your address is complete including zip code**
- 2. Your telephone number is correct.**
- 3. You have attached a certified copy of your DD214 to this application form if you claim veteran's preference for military service.**
- 4. Application must be signed and notarized.**

You are responsible for the accuracy and completeness of all items on the application form.