| FILING No.   | Filing Date                       | Filing Time |  |
|--|-----------------------------------|-------------|--|
|  | CIVIL SERVICE CO<br>BOARDMAN TOWN |             |  |
|  | APPLICATION FOR E                 | XAMINATION  |  |
| JOB TITLE:   |                                   |             |  |
| <b>HOW TO FILE THIS APPLICATION:</b> This application must be filled out completely and received by the Boardman Township Civil Service Commission no later than the last day for applications indicated on the announcement of the examination. All previous applications submitted to Boardman Township for this position are hereby void and unacceptable for this exam purposes. |                                   |             |  |
| Last Name  | First Name                        | Middle Name |  |

State

Zip Code

<u>Maximum Credit</u> – The maximum credit available (from licensure, educational, and military service) for any one candidate is 20%, regardless of the source. Credits from more than one source cannot be combined if they exceed 20%.

Primary Telephone # \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

City

Email Address

Address Number & Street

<u>Veteran's Credit on Open Competitive Examination</u>: Any person who has completed service in the uniformed services who has been honorably discharged from the uniformed services or transferred to reserve with evidence of satisfactory service, and who is a resident of this state, may file with the Commission a certificate of service or honorable discharge and upon this filing shall receive an additional credit of twenty percent (20%) of the person's total grade given in the regular examination in which the person receives a passing grade.

A person who has been discharged from the uniformed services for medical reasons must submit written proof that said person was completely and honorably discharged from the uniformed services in order to receive Veteran's Credit. A person is not eligible for Veteran's Credit following an honorable or a medical discharge, unless that person has served on active duty in the armed forces for at least one hundred eighty (180) days.

Proof of satisfactory service or honorable discharge shall be submitted when the application for examination is filed with the Commission, or before the scheduled date of the examination. This deadline may be waived by the Commission in specific and unusual situations whereby the Commission believes an extended submission date is justified.

Form DD214 Member 4 Copy is the standard form, which proves <u>honorable</u> service or discharge from the Armed Forces of the United States.

## U.S. MILITARY SERVICE

| Have you served in the U.S. Armed Forces? | Yes No                |
|---|-----------------------|
| Branch of Service                         | Division of Discharge |
| Rank at Discharge                         | Date of Discharge     |
| Type of Discharge                         | Any Special Training  |

**Educational Credit-** Any applicant for original appointment for police officer, who at the time of certification of the list from the examination possesses an Associate Degree from an accredited college or university, may file with the Commission acceptable certification of such degree. The Commission shall grant additional credit of five percent (5%) of the total grade given in the examination to any applicant who files for the extra credit and qualifies, provided that he or she has first received a passing grade on the examination.

Any applicant for original appointment for police officer, who at the time of certification of the list from the examination possesses a Bachelor's Degree from an accredited college or university, may file with the Commission acceptable certification of such degree. The Commission shall grant additional credit of ten (10%) of the total grade given in the examination to any applicant who files for the extra credit and qualifies, provided that he or she has first received a passing grade on the examination.

Educational credit is non-cumulative in nature and cannot be compounded based on multiple degrees of any type. A candidate is only entitled to a single credit for highest degree recognized and submitted to the Commission prior to the examination date and must, at that time, be accompanied by proof as described above.

## EDUCATIONAL BACKGROUND

High School (Name & Address) \_\_\_\_\_ (GED)

Degree Earned \_\_\_\_\_

| College (Name & Address)                  |                       |
|---|-----------------------|
|   | Degree Earned         |
| Business or Trade School (Name & Address) |                       |
| Credit Hours Earned                       | Semester Hours Earned |

## Licensure Credit (Ohio Peace Officer Certification)

Any applicant for original appointment as a police officer, who at the time of certification of the list from the examination possesses a valid certificate from the Ohio Police Officer Training Commission (OPOTC), may file with the Commission such certificate. The Commission shall grant additional credit of twenty percent (20%) of the total grade given in the examination to any applicant who files for the extra credit and qualifies, provided that he or she has first received a passing grade on the examination.

Attended and Completed an Ohio Police Officer Training Commission Academy

| YES NO  |       |
|---|-------|
| If yes which academy Date Completed   |       |
| Ohio Peace Officer Certification Current YES NO   |       |
|   |       |
| Currently in Police Academy or planning to attend? YES NO                                     |       |
| If yes, which one   |       |
| Tentative Completion or Expected Start Date   |       |
|   |       |
| EMPLOYMENT  |       |
| List last position first and account for all periods of unemployment, (i.e. Military Service, | etc.) |
| Name of Company Address   |       |
| Phone Dates Employed – From to  |       |
| Position Salary   |       |

Immediate Supervisor \_\_\_\_\_

| Reason for Leaving        |                        |                     |  |
|---------------------------|------------------------|---------------------|--|
| Name of Company           |                        | Address             |  |
|                           |                        |                     |  |
|                           |                        | nployed – From to _ |  |
| Position                  |                        | Salary              |  |
| Immediate Supervisor      |                        |                     |  |
| Reason for Leaving        |                        |                     |  |
|                           |                        |                     |  |
| Name of Company           |                        | Address             |  |
| Phone                     | Dates Emplo            | yed – From to       |  |
| Position                  |                        | Salary              |  |
| Immediate Supervisor      |                        |                     |  |
| Reason for Leaving        |                        |                     |  |
|                           |                        |                     |  |
| REFERENCES                |                        |                     |  |
| List three (3) persons or | business references, n | ot related to you.  |  |
| Name                      |                        | Address             |  |
| State                     | Zip Code               | Phone               |  |
| Occupation                |                        | Years Known         |  |
| Name                      |                        | Address             |  |
| State                     | Zip Code               | Phone               |  |
| Occupation                |                        | Years Known         |  |
| Name                      |                        | Address             |  |

| State                        | _ Zip Code | Phone        |  |
|------------------------------|------------|--------------|--|
| Occupation                   |            | Years Known  |  |
| Name                         |            | Address      |  |
| State                        | _ Zip Code | Phone        |  |
| Occupation                   |            | Years Known  |  |
|                              |            |              |  |
|                              |            |              |  |
| In case of emergency notify: |            |              |  |
| Name                         |            | Relationship |  |
| Address                      |            | Phone        |  |
|                              |            |              |  |

CERTIFICATE OF APPLICATION: 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 Boardman Township, Ohio.

It shall be the responsibility of all applicants with passing scores on an eligibility list to promptly notify the Commission of any change in the applicant's name or address. Failure to do so may result in an improper certification and subsequent removal from the eligibility list. Boardman Township Civil Service Rules and Regulations Article VI, Section 4.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

An Equal Opportunity Employer