

Have you served in the U.S. Armed Forces?

Yes No

Branch of Service _____

Military Specialty _____

Date Entering Service _____

Active/Reserve/NG Duty? _____

Date Leaving Service _____

Rank at Discharge _____

Type of Discharge _____

Have you passed the final OPOTC physical fitness standards in any administered test

Yes No (if yes, submit letter from Academy)

Comments: _____

EMPLOYMENT

List last position first and account for all periods of unemployment, (i.e. LE, Military Service, etc.)

Name of Company _____ Address

_____ Phone

Dates Employed - From _____ to _____

Position _____ Salary _____

Immediate Supervisor _____

Reason for Leaving _____

Name of Company _____ Address

_____ Phone

Dates Employed - From _____ to _____

Position _____ Salary _____

Immediate Supervisor _____

Reason for Leaving _____

Name of Company _____ Address

_____ Phone

Dates Employed - From _____ to _____

Position _____ Salary _____

Immediate Supervisor _____

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Name of Company _____ Address _____

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Reason for Leaving _____

Name of Company _____ Address _____

_____ Phone _____

Dates Employed - From _____ to _____

Position _____ Salary _____

Immediate Supervisor _____

Reason for Leaving _____

Name of Company _____ Address _____

_____ Phone _____

Dates Employed - From _____ to _____

Position _____ Salary _____

Immediate Supervisor _____

Reason for Leaving _____

REFERENCES

List three (3) persons or business references, not related to you.

Name _____

Address _____

Phone _____ Occupation _____

Years Known _____

Name _____

Address _____

Phone _____ Occupation _____

Years Known _____

Name _____

Address _____

Phone _____ Occupation _____

Years Known _____

Relevant Law Enforcement Training (provide copies of certificates):

Other information you would like the Civil Service Commission to consider:

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 JPhisterJr@akronchildrens.org 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