

**CIVIL SERVICE APPLICATION - CITY OF JACKSON, OHIO  
APPLICATION FOR TESTING - PATROLMAN**

**\$10 Non-refundable fee to be paid when application is submitted. NO CASH - Check/Money Order Payable to: The City Of Jackson**

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete the entire application. Also not that, once submitted to a governmental agency, this completed form will be subject to all

TYPE OR PRINT IN INK

NAME: (Last, First, Middle)

DATE OF BIRTH: (00/00/0000)

|  |  |
|--|--|
|  |  |
|--|--|

ADDRESS: (Street, City, State, Zip Code)

COUNTY:

|  |  |
|--|--|
|  |  |
|--|--|

HOME PHONE:

ALTERNATE PHONE:

EMAIL ADDRESS:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

DRIVER'S LICENSE:

US CITIZEN/LEGAL TO WORK IN US:

|     |    |        |        |     |    |  |
|-----|----|--------|--------|-----|----|--|
| Yes | No | State: | Class: | Yes | No |  |
|-----|----|--------|--------|-----|----|--|

**EDUCATION**

HIGH SCHOOL NAME:

LOCATION: (City/State)

DIPLOMA:

GED:

|  |  |     |    |     |    |
|--|--|-----|----|-----|----|
|  |  | Yes | No | Yes | No |
|--|--|-----|----|-----|----|

COLLEGE/UNIVERSITY NAME:

LOCATION: (City/State)

|  |  |
|--|--|
|  |  |
|--|--|

MAJOR/DEGREE:

GRADUATE?

YEARS COMPLETED:

|  |     |    |   |   |   |   |   |   |
|--|-----|----|---|---|---|---|---|---|
|  | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 |
|--|-----|----|---|---|---|---|---|---|

COLLEGE/UNIVERSITY NAME:

LOCATION: (City/State)

|  |  |
|--|--|
|  |  |
|--|--|

MAJOR/DEGREE:

GRADUATE?

YEARS COMPLETED:

|  |     |    |   |   |   |   |   |   |
|--|-----|----|---|---|---|---|---|---|
|  | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 |
|--|-----|----|---|---|---|---|---|---|

**CERTIFICATIONS & LICENSES**

TYPE:

|  |
|--|
|  |
|--|

ISSUING AGENCY:

LICENCE NUMBER:

|  |  |
|--|--|
|  |  |
|--|--|

TYPE:

|  |
|--|
|  |
|--|

ISSUING AGENCY:

LICENCE NUMBER:

|  |  |
|--|--|
|  |  |
|--|--|

TYPE:

|  |
|--|
|  |
|--|

ISSUING AGENCY:

LICENCE NUMBER:

|  |  |
|--|--|
|  |  |
|--|--|

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to complete this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be

**EMPLOYMENT HISTORY**

|               |                  |               |
|---------------|------------------|---------------|
| <b>DATES:</b> | <b>EMPLOYER:</b> | <b>PHONE:</b> |
|               |                  |               |

**ADDRESS: (Street, City, State, Zip Code)**

|                  |                    |                             |
|------------------|--------------------|-----------------------------|
| <b>POSITION:</b> | <b>SUPERVISOR:</b> | <b>COMPANY ULR/WEBSITE:</b> |
|                  |                    |                             |

|                                      |                        |                            |
|--------------------------------------|------------------------|----------------------------|
| <b>MAY WE CONTACT THIS EMPLOYER?</b> | <b>HOURS PER WEEK:</b> | <b>SALARY/HOURLY WAGE:</b> |
| <b>Yes:</b> <b>No:</b>               |                        |                            |

**DUTEIS:**

**REASON FOR LEAVING:**

|               |                  |               |
|---------------|------------------|---------------|
| <b>DATES:</b> | <b>EMPLOYER:</b> | <b>PHONE:</b> |
|               |                  |               |

**ADDRESS: (Street, City, State, Zip Code)**

|                  |                    |                             |
|------------------|--------------------|-----------------------------|
| <b>POSITION:</b> | <b>SUPERVISOR:</b> | <b>COMPANY ULR/WEBSITE:</b> |
|                  |                    |                             |

|                                      |                        |                            |
|--------------------------------------|------------------------|----------------------------|
| <b>MAY WE CONTACT THIS EMPLOYER?</b> | <b>HOURS PER WEEK:</b> | <b>SALARY/HOURLY WAGE:</b> |
| <b>Yes:</b> <b>No:</b>               |                        |                            |

**DUTEIS:**

**REASON FOR LEAVING:**

|               |                  |               |
|---------------|------------------|---------------|
| <b>DATES:</b> | <b>EMPLOYER:</b> | <b>PHONE:</b> |
|               |                  |               |

**ADDRESS: (Street, City, State, Zip Code)**

|                        |                    |                             |
|------------------------|--------------------|-----------------------------|
| <b>POSITION:</b>       | <b>SUPERVISOR:</b> | <b>COMPANY ULR/WEBSITE:</b> |
| <b>Yes:</b> <b>No:</b> |                    |                             |

|                                      |                        |                            |
|--------------------------------------|------------------------|----------------------------|
| <b>MAY WE CONTACT THIS EMPLOYER?</b> | <b>HOURS PER WEEK:</b> | <b>SALARY/HOURLY WAGE:</b> |
|                                      |                        |                            |

**DUTEIS:**

**REASON FOR LEAVING:**

**EMPLOYMENT HISTORY, continued...**

|               |                  |               |
|---------------|------------------|---------------|
| <b>DATES:</b> | <b>EMPLOYER:</b> | <b>PHONE:</b> |
|               |                  |               |

**ADDRESS: (Street, City, State, Zip Code)**

|                      |                    |                             |
|----------------------|--------------------|-----------------------------|
| <b>POSITION:</b>     | <b>SUPERVISOR:</b> | <b>COMPANY ULR/WEBSITE:</b> |
| <b>Yes:      No:</b> |                    |                             |

|                                      |                        |                            |
|--------------------------------------|------------------------|----------------------------|
| <b>MAY WE CONTACT THIS EMPLOYER?</b> | <b>HOURS PER WEEK:</b> | <b>SALARY/HOURLY WAGE:</b> |
|                                      |                        |                            |

**DUTEIS:**

**REASON FOR LEAVING:**

|               |                  |               |
|---------------|------------------|---------------|
| <b>DATES:</b> | <b>EMPLOYER:</b> | <b>PHONE:</b> |
|               |                  |               |

**ADDRESS: (Street, City, State, Zip Code)**

|                      |                    |                             |
|----------------------|--------------------|-----------------------------|
| <b>POSITION:</b>     | <b>SUPERVISOR:</b> | <b>COMPANY ULR/WEBSITE:</b> |
| <b>Yes:      No:</b> |                    |                             |

|                                      |                        |                            |
|--------------------------------------|------------------------|----------------------------|
| <b>MAY WE CONTACT THIS EMPLOYER?</b> | <b>HOURS PER WEEK:</b> | <b>SALARY/HOURLY WAGE:</b> |
|                                      |                        |                            |

**DUTEIS:**

**REASON FOR LEAVING:**

**SKILLS - SPECIALIZED & OTHER**

**COMPUTER: (list programs you are knowledgeable in)**

|                     |                         |
|---------------------|-------------------------|
| <b>TYPING SPEED</b> | <b>DATA ENTRY SPEED</b> |
|---------------------|-------------------------|

**OTHER SKILLS:**

| <b>LANGUAGES:</b> | <b>READ</b> | <b>WRITE</b> | <b>SPEAK</b> |
|-------------------|-------------|--------------|--------------|
| English:          |             |              |              |
| Spanish:          |             |              |              |
| Chinese:          |             |              |              |
| Korean:           |             |              |              |
| French:           |             |              |              |
| Other:            |             |              |              |

**The purpose of questions 1 - 12 is to obtain information relevant to employment with the City of Jackson  
RESPONSES TO THESE QUESTIONS ARE REQUIRED**

1. Please indicate your County of residence: \_\_\_\_\_

2. Do you have a relative on Jackson City Payroll? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If yes, what relationship: \_\_\_\_\_

What Department? \_\_\_\_\_

3. Summary of Qualifications: Briefly describe the experience, education, training, and any other factors that qualify you for the position or examination for which you are applying. Refer to Minimum Qualification and any position-specific qualifications posted for this position or examination. If you need additional space, attach an extra sheet to this application.

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4. Please list the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area.

NOTE: a transcript may not be substituted for this section, although you may be required to submit at a later date.

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5. Have you completed the required OPOTA course? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If yes, attach a copy of certificate

6. Have you ever been employed in the State or County service in Ohio? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

7. Have you ever plead guilty or been convicted of a misdemeanor, other than minor traffic violations? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

8. Have you had criminal records sealed or expunged? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

9. Have you ever been dismissed from or ask to resign from any position? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

10. Have you ever been convicted of a felony? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

*A felony conviction(s) may not automatically exclude you from consideration*

11. If you answered yes to the previous question, please give dates(s) of conviction(s) and explain. If you answered No, write N/A.

12. How did you learn about this employment or examination opportunity?

|                         |                                 |                         |
|-------------------------|---------------------------------|-------------------------|
| Newspaper Advertisement | Civil Service Test Announcement | City of Jackson Website |
| Employment Website      | FaceBook                        | Other                   |

Questions 13 - 18 on next page

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge.  
 I understand that if this application is not completed in its entirety, it will not be process and I will be automatically disqualified.  
 I understand that I am responsible for the correctness of this application.  
 I understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace program, drug testing is required.  
 I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the City of Jackson and to appropriate officials for recruitment purposes.  
 I understand that any offer of employment is conditional upon proof of legal authorization to work in the US as required by the IRCA.

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

\_\_\_\_\_  
Date

### EQUAL EMPLOYMENT OPPORTUNITY

Responses to questions 13 - 18 are OPTIONAL. These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or you being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position applied for: PATROLMAN (Police Officer)

Date: \_\_\_\_\_

Agency: CITY OF JACKSON, POLICE DEPARTMENT

13. OPTIONAL: Sex Male  Female

14. OPTIONAL: Under 21 \_\_\_\_\_  
Please select your age group 21 - 35 \_\_\_\_\_  
36 - 45 \_\_\_\_\_  
46 - 55 \_\_\_\_\_  
56 - 69 \_\_\_\_\_  
70+ \_\_\_\_\_

15. OPTIONAL: Race/Ethnicity

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa

HISPANIC or LATINA: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race

ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent (for example, China, India, Japan, or Korea)

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands, and Samoa)

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of the North America and who maintain cultural identification through tribal affiliation or community recognition

OTHER: Please self define \_\_\_\_\_

16. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? 

|     |    |
|-----|----|
| YES | NO |
|-----|----|

17. OPTIONAL: Are you a veteran? 

|     |    |
|-----|----|
| YES | NO |
|-----|----|

18. OPTIONAL: If you answered YES to the previous question, please indicate if one or more of the following apply:

MILITARY STATUS: The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty

DISABLED VETERAN: A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty

DESERT STORM/SHIELD VETERAN: A person whose active duty was performed after August 2, 1990 in the Persian Gulf Conflict

VIETNAM ERA VETERAN: A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975