

CIVIL SERVICE COMMISSION  
CITY OF DELPHOS, OHIO  
APPLICATION FOR EXAMINATION

How to file application: This application must be filled out completely on both sides and returned to Municipal building, 608 N. Canal St., Delphos, OH 45833 or emailed to [civilservice@cityofdelphos.com](mailto:civilservice@cityofdelphos.com) by midnight on July 8, 2022. You must bring a valid Ohio Driver's license and proof of military service if applicable.

TITLE OF EXAMINATION OR JOB: Patrolman

APPLICANT INFORMATION (type or print)			
Name:			
Address:		Date of Birth:	
City:	ST:	ZIP:	Age:
Contact Number:			
Email address (required):			
Social Security No.:			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

U.S. MILITARY SERVICE	
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:
Division of Branch:	Date of Discharge:
Rank at Discharge:	
List special training or skills acquired during service: _____ _____	

EMPLOYMENT RECORD: List below the names of your former employers, beginning with the most recent.				
Name and Address	Employment Start	Employment End	Position	Salary
1.				
2.				
3.				

REFERENCES: List three persons or business references not related to you. (Name, Address and Phone)
1.
2.
3.

**EDUCATION**

Type of School	Name & Address	Circle Last Year Completed				Diploma Degree
		1	2	3	4	
Correspondence or Night School		1	2	3	4	
Business (Trade)		1	2	3	4	
Graduate School		1	2	3	4	
College		1	2	3	4	
High School		1	2	3	4	
Elementary		5	6	7	8	
College Major		Credit Hours		Semester or Quarter		

**LIST SPECIAL SKILLS** (Operation of office machines, shop equipment, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you possess a valid Ohio Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you licensed to practice a trade or profession in Ohio? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name trade and give license or certificate number: \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATE OF APPLICATION:** I 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 the City of Delphos. Has this application been completed in your own handwriting or by your own typewriting? \_\_\_\_\_ Yes \_\_\_\_\_ No.

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

**DO NOT WRITE BELOW THIS LINE  
 CIVIL SERVICE COMMISSION AND INTERVIEWER ONLY**

Date Received: \_\_\_\_\_ Identification No. \_\_\_\_\_

INTERVIEWER'S COMMENTS: