

**CITY OF SYLVANIA**  
**CIVIL SERVICE COMMISSION**  
6730 Monroe St., Sylvania, Ohio 43560

**APPLICATION FOR EMPLOYMENT**

**NOTE:** This application is part of your examination. Answer all questions accurately and completely. False statements will invalidate application and/or appointment. Applications may be completed with ink, ballpoint, or typewriter.

Position Applied For: **Police Captain**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Male  Female Phone No. \_\_\_\_\_ email: \_\_\_\_\_

If at your present address less than two years, list your previous address:

Have you ever been convicted or forfeited bond for violation of any Federal, State or local law?  Yes  No

If Yes, give dates, charges, and disposition. \_\_\_\_\_

EMPLOYMENT HISTORY (List below the names of your former employers beginning with your most recent.)

Employer	Dates	Employed	Work Performed
Address	Fr	To	
	Hourly Rate/Salary		
Phone No. ( )	Starting	Final	
Job Title			
Reason for Leaving			Supervisor
Employer	Dates	Employed	Work Performed
Address	Fr	To	
	Hourly Rate/Salary		
Phone No. ( )	Starting	Final	
Job Title			
Reason for Leaving			Supervisor
Employer	Dates	Employed	Work Performed
Address	Fr	To	
	Hourly Rate/Salary		
Phone No. ( )	Starting	Final	
Job Title			
Reason for Leaving			Supervisor

(OVER)

**Educational Background**

Name and Location	Years Completed	Did You Graduate?	Course of Study
High School			
College			
Other			

Have you ever been disciplined or discharged by any prior employer?  Yes  No

If Yes, explain: \_\_\_\_\_

LIST BELOW BUSINESS AND/OR CHARACTER REFERENCES. (DO NOT INCLUDE RELATIVE.)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.	BUSINESS / OCCUPATION
_____			
_____			
_____			

The minimum age for employment with the City of Sylvania Police Dept is 21 years of age. Do you meet this requirement?  Yes  No

Are you legally eligible for employment in this Country?  Yes  No  
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Do you have a Valid Driver's License?  Yes  No What State / type: \_\_\_\_\_

Are you a U.S. Military Veteran?  Yes  No If Yes, Attach copy of DD214 at time of application.

**OATH**

This application will not be accepted unless sworn to.

I, the undersigned, being first duly sworn, declare that I am the person mentioned herein, and that all answers or statements made are true to the best of my knowledge and belief.

Signature \_\_\_\_\_  
(First name, middle initial, if any, and last name)

Address \_\_\_\_\_  
(Changes in address must be reported to this office immediately)

State of Ohio, Lucas County, SS:

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public