

## PORTSMOUTH CIVIL SERVICE APPLICATION

Social Security Number: \_\_\_\_\_

Date/Time Returned \_\_\_\_\_

(For Civil Service Use ONLY do not fill in)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Hm. \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

### MILITARY CREDIT CLAIM

In order to claim military service credit on your examination score, check the box below. A complete copy of DD214 **MUST** be submitted with this application, or no military credit will be given.

List the two most recent previous home addresses with the date of residence for each.

Address	City	State	Zip Code	Date of Residence
_____				
_____				

Have you previously ever filed an application for a Portsmouth Civil Service Examination? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, state when and for what position: \_\_\_\_\_

Have you ever worked for the City of Portsmouth prior to your present employment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when and for what division or department? \_\_\_\_\_

Total number of years of education, including primary school: \_\_\_\_\_

Highest academic degree or level attained: \_\_\_\_\_

Name and address of school or university where degree attained. If no degree, last school attended: \_\_\_\_\_

Major subject area for graduate degree, if any: \_\_\_\_\_

Major subject area for graduate study without a degree, if any: \_\_\_\_\_

Major subject area for undergraduate degree, if any: \_\_\_\_\_

Major subject area for undergraduate study without a degree, if any: \_\_\_\_\_

Major subject area(s) for undergraduate degree, if any: \_\_\_\_\_

If you have received TRAINING in any area (other than described above) which you feel is relevant to the position for which you are applying, please submit the following information:

Type of Training	Organization	Length of Training	Subject(s) Covered
_____			
_____			

- |                                                                              |           |          |
|------------------------------------------------------------------------------|-----------|----------|
| 1. Are you willing and able to secure an Ohio Driver's license, if required? | Yes _____ | No _____ |
| 2. If necessary, can you supply your own transportation for work use?        | Yes _____ | No _____ |
| 3. Have you ever been employed in the state or county service in Ohio?       | Yes _____ | No _____ |
| 4. Can you perform the job-related requirements of this specific job?        | Yes _____ | No _____ |

If the answer to 3 is "Yes" or if the answer to question 4 is "No", please explain fully below, indicating by number to which question you are responding.

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List the name and address of one person who will **ALWAYS KNOW** your whereabouts:

Name	Address	City	State	Zip Code	Telephone
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List the names and addresses of three individuals, other than relatives, whom we may contact for a professional reference:

Name	Address	City	State	Zip Code	Telephone
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In the area below, please list past work experience, beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets, if necessary. Volunteer work may also be included as employment. A resume **MAY NOT** be used as a substitute for filling out the section below. **DO NOT** attach a resume to the application.

Employer's name and address: \_\_\_\_\_  
 Length of employment: From: Month: \_\_\_\_\_ Year: \_\_\_\_\_ To: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position (job title and classification: \_\_\_\_\_ Salary: (begin) \_\_\_\_\_ (end) \_\_\_\_\_  
 Duties performed: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_  
 Length of employment: From: Month: \_\_\_\_\_ Year: \_\_\_\_\_ To: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position (job title and classification: \_\_\_\_\_ Salary: (begin) \_\_\_\_\_ (end) \_\_\_\_\_  
 Duties performed: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_  
 Length of employment: From: Month: \_\_\_\_\_ Year: \_\_\_\_\_ To: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position (job title and classification: \_\_\_\_\_ Salary: (begin) \_\_\_\_\_ (end) \_\_\_\_\_  
 Duties performed: \_\_\_\_\_

***Notify the Civil Service Commission immediately of any change in your address, telephone numbers or e-mail address (if provided). Failure to do so may result in your disqualification, or removal of your name from eligibility lists.***

I hereby certify that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, schools, colleges or universities which I attended or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, and I hereby consent that they may disclose such knowledge or information to representatives of the City of Portsmouth, Ohio.

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(Signature) (Date)