

**CIVIL SERVICE COMMISSION  
SHELBY, OHIO  
APPLICATION FOR EXAMINATION**

Please print your name below.

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<b>NAME</b>	<b>MIDDLE</b>	<b>LAST</b>
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**FOR: Dispatcher in the Police Department**

**Instructions to applicant:**

Fill in completely – use typewriter or print in black ink.

**Failure to give truthful or complete information will result in rejection of your application or in your removal from your position if you receive the appointment.**

Turn in completed application to the Secretary of the Mayor and Director of Finance, 43 West Main Street, Shelby, Ohio.

**To qualify for the examination** and/or appointment you must be at least 18 years of age.

Proof of military and/or educational training must be submitted when returning the application; late papers will not be accepted.

**TO QUALIFY FOR THE EXAMINATION YOU MUST:**

1. Be 18 years of age.
2. Have a valid driver's license
3. Have not been convicted of a felony offense.
4. Have a High School diploma or GED.

Applications may be picked up between the hours of 8:00 a.m. and 4:30 p.m., Monday, through Friday at the Mayor's office.

**CITY OF SHELBY IS AN EQUAL OPPORTUNITY EMPLOYER.**

**PERSONAL INFORMATION**

\_\_\_\_\_  
FIRST NAME MIDDLE LAST

SOCIAL SECURITY NUMBER\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

How long have you been a resident at the above address?\_\_\_\_\_

If less than four years, give previous address:\_\_\_\_\_

Are you legally authorized in the United States \_\_\_\_\_Yes \_\_\_\_\_No

Are you 18 years or older? \_\_\_\_\_Yes \_\_\_\_\_No

Name and address of person to notify in an emergency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you drink intoxicating liquors? \_\_\_\_\_Yes \_\_\_\_\_No

To what extent?\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

If so, state particulars and what disposition was made in each case:  
\_\_\_\_\_  
\_\_\_\_\_

Did you ever serve in any branch of the Armed Forces? \_\_\_\_\_Yes \_\_\_\_\_No  
Branch\_\_\_\_\_ Length of Service\_\_\_\_\_

Primary Duties  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>EDUCATION</b>	<b>SCHOOL NAMES &amp; LOCATIONS</b>	<b>NUMBER OF YEARS ATTENDED</b>	<b>COURSE OF STUDY</b>	<b>GRADUATE</b>	<b>LAST YEAR ATTENDED</b>
<b>Grammar School</b>					
<b>High School</b>					
<b>College Or University</b>					
<b>Evening School</b>					
<b>Other Schools</b>					

Have you ever FILED AN APPLICATION for the position of Dispatcher in the City of Shelby? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, state when: \_\_\_\_\_

List below complete work history for the last five years starting with your present position and working back. List periods of unemployment.

<b>Occupation</b>	<b>From - To</b>	<b>Name &amp; Address Of Employer</b>	<b>Reason For Leaving</b>

Give names and addresses of five references, other than relatives or city employees, and the length of time they have known you:

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Any additional information must be attached at time of submission.

In the space below, describe any special qualifications in training and experience you have had that in your opinion will qualify you for the position for which this application is filed.

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**RELEASE**

I understand that as an applicant for the position of dispatcher, I will be subject to a background investigation that will include a reference and credit check. I hereby give consent and authorize the Employer to conduct any investigation the Employer deems necessary.

I further authorize any past employer and any school I have attended to release my employment and/or education records to the City of Shelby.

STATE OF OHIO            )  
  )ss  
RICHLAND COUNTY        )

Print Name below

\_\_\_\_\_, being first duly sworn, says that the statements in the foregoing application are true, as he/she verily believes.

Signature below **before the notary only**

\_\_\_\_\_

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

\_\_\_\_\_, \_\_\_\_\_.

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

Seal