



- 9 Are you currently using any illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10 Can you perform the essential functions of the job for which you are applying either with or without an accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11 Do you understand the work schedule and can you meet the requirements? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12 Will you work nights? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13 Will you work swing shifts? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14 Will you work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15 (a) Present business or employment? (a) \_\_\_\_\_  
 (b) Employment for last five years? (b) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 16 Have you any other application on file or is your name now on any register for appointment in any part of the service in the City. If so, what part? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_
- 17 Are you now in the service of the City? Yes \_\_\_\_\_ No \_\_\_\_\_
- 18 Were you ever separated from the service of the City? If so, state when, in what manner, and from what department. Avoid any allusion to politics. Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 19 State in detail, giving place and dates covering time of your actual experience in the lines of work required in the position for which you apply? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 20 Do you meet all of the minimum requirements for the position you wish to be tested for? Yes \_\_\_\_\_ No \_\_\_\_\_
- 21 Are each and all of the answers to the foregoing questions in your own handwriting? Yes \_\_\_\_\_ No \_\_\_\_\_

***Notice***

To receive any potential credit towards your final grade at time of testing for having acquired an associate degree or higher from an accredited college or university; or an Ohio approved paramedic or firefighter professional level of competency. You must attach proof by way of a copy of the diploma and/or certification to this application at time of filing.

***[The following oath must be taken before a NOTARY PUBLIC or other OFFICER authorized to administer oaths for general purposes, and the Officer's signature must be authenticated of Official Seal.]***

The State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

I \_\_\_\_\_ a legal resident of \_\_\_\_\_, County of \_\_\_\_\_, the State of \_\_\_\_\_, having been sworn (or affirmed) before me, declared that he/she is the person described in the foregoing application for examination; and that all the statements contained in said answers are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*SSN (Optional)*

*Notice: The furnishing of your social security number is optional and be used for information verification and tracking purposes, submit the same will not invalidate this application; however, the verification process.*

*will  
failure to  
may delay*

*(OFFICIAL SEAL)*

\_\_\_\_\_  
*(Signature of Notary Public or other person  
authorized to give oaths)*