

# City of Lancaster, Ohio

## APPLICATION FOR EXAMINATION-CLASSIFIED SERVICE

### IMPORTANT INSTRUCTIONS

All answers to questions must be in HANDWRITING OF THE APPLICANT-IN INK. Answer the questions carefully, correctly and completely. All applications must be filed with the Service Safety Director on or before the deadline specified in the notice of examination.

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To the Service Safety Director of the City of Lancaster:

The undersigned hereby applies for admission to the examination for the position of \_\_\_\_\_

\_\_\_\_\_ in the \_\_\_\_\_ Department of the City of Lancaster, Ohio.  
(Fire or Police)

Print name in full \_\_\_\_\_  
(First) (Middle) (Last)

Current Mailing Address \_\_\_\_\_  
(Number and Street or P.O. Box) (City) (State) (Zip)

Phone \_\_\_\_\_ email address \_\_\_\_\_

I am 21 years of age or older.  YES  NO

I am 18 years of age or older.  YES  NO

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I solemnly swear or affirm this this application has been completed in my own handwriting and that all information is true to the best of my knowledge and belief.

(Signature of Applicant) \_\_\_\_\_  
(sign your name IN FULL using first name, middle and surname)

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THIS APPLICATION WILL NOT BE ACCEPTED IF THE OATH IS OMITTED

### OATH

This application for examination must be made under oath, in such form and manner and accompanied by such documents as prescribed in the notice of examination. The applicant must personally appear before an officer authorized to administer oaths and make an oath to all statements made in this application.

STATE OF OHIO, FAIRFIELD COUNTY,SS:

Subscribed and duly sworn to before me according to law, by the above named applicant this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

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(OFFICIAL IMPRESSION SEAL ) (Signature of officer) \_\_\_\_\_

(Official Title) \_\_\_\_\_