

City of Lancaster, Ohio

APPLICATION FOR EXAMINATION - CLASSIFIED SERVICE

IMPORTANT INSTRUCTIONS

All answers to questions in the application 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 time specified in the notice of examination.

To the Service - Safety Director of The City of Lancaster, Ohio :

The undersigned hereby applies for admission to the examination for the position of _____
_____ in the Division of _____ in the
(Safety) (Service) _____ Department of The City of Lancaster, Ohio.

Print name in full _____
(First) (Middle) (Last)

Present 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

I solemnly swear or affirm that 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, first name, middle name and surname)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE OATH IS OMITTED

OATH

An application for examination must be made under oath, in such form and manner and accompanied by such certificates as the Service - Safety Director may prescribe. 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 _____, 19 ____ at _____

(Signature of officer) _____

(OFFICIAL IMPRESSION SEAL)

(Official Title) _____