

Last Name





Middle Name

Tiffin Police Hiring Examination

<u>Deadline to submit registration is October 24, 2016 at 12:00 p.m.</u> EXAM REGISTRATION FORM

First Name

Address: Number & Street	City	State	Zip Code
Telephone Number(s)	1	Oriver License	#
E-mail	*	E-mail will be	the primary contact
How did you learn about the positio	n?		
Will you be 21 years old at the time	e of application?		
Are you a U.S. Citizen?			
Do you possess a high school diplo	ma or GED?		
H	ligh School		
	Graduation Year		
Is your Certification CURRENT as	an Ohio Peace (Officer?	
Are you a Veteran? * if YES DD214 must be attached	ed to be considered	for 10% credit	
Ту	pe of Discharge		
Br	anch of Service		
By my signature below, I certify that true and complete. I understand that intentionally misleading or excluded	t if any informati	on in the form	is found to be false,
Applicant Signature:		Da	ate:
INTERNAL USE: Date form received:	_ Received by:_		_ Fee Collected