

**Examination Application for City of Loveland Customer Service Specialist Exam  
to be held on Thursday, July 16, 2015 at 6:30 p.m.  
Applications due no later than 4:30 p.m. on July 8, 2015**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
 Valid Driver's License or ID#: \_\_\_\_\_

**Special Credit**

When an eligible applicant has received a passing grade (70%) on any written entrance examination, he/she shall be entitled to receive special credits to the written examination score, the aggregate total of which shall not exceed ten percent (10%) for the following: *To receive credit, documentation must be provided no later than the start of the examination.*

One or more years of active military service \_\_\_\_\_ + 2% (*proof of honorable discharge needed*)

Associate's Degree from an accredited college \_\_\_\_\_ +2% (*copy of transcript or diploma needed*)

Bachelor's Degree from an accredited college \_\_\_\_\_ +5% (*copy of transcript or diploma needed*)

*Note: An applicant receiving credit for a Bachelor's Degree shall not also receive credit for an Associate's Degree.*

**NOTICE OF INTENT TO PARTICIPATE IN EXAMINATION**

I, \_\_\_\_\_, do hereby state my intention to participate in the examination for the position of Customer Service Specialist. I understand that the examination will be held on Thursday, July 16, 2015 at 6:30 p.m. at the Loveland Middle School Cafeteria, 801 S. Lebanon Rd., Loveland, Ohio 45140. Check in for examination is from 5:50-6:30 p.m.; no latecomers admitted. A second test or makeup test will not be offered.

\_\_\_\_\_  
 Print Name Signed Date

Please check here if you are an applicant with a learning disability that will need testing accommodations. Documentation of such disability must be provided by July 8, 2015, for arrangements to be made.

**AMERICANS WITH DISABILITY ACT COMPLIANCE STATEMENT**

Are you capable of performing with or without reasonable accommodation the activities involved in the position of Customer Service Specialist as described on the position description attached with the Notice of Examination?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Signed \_\_\_\_\_ Date

**How did you learn about this position?**

\_\_\_\_\_

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*For office use only*

(\$15.00) Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Documents Received:

CL: \_\_\_\_\_ R: \_\_\_\_\_ A: \_\_\_\_\_ SC: \_\_\_\_\_