

**CIVIL SERVICE COMMISSION
SHELBY, OHIO**

**APPLICATION FOR
LATERAL ENTRY
FIREFIGHTER**

Please print your name below.

FIRST NAME	MIDDLE	LAST
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FOR: Firefighter for the Fire Department

Instructions to applicant:

Fill in completely – use typewriter or print in black ink.

Failure to give truthful or complete information will result in rejection of your application or in your removal from your position if you receive the appointment.

ALL Applicants must be at least 18 years of age and under 41 years of age, as per ORC 124.42

ALL Applicants must provide a copy of a valid Ohio Driver’s License.

Applicants must provide a current satisfactory record of employment from another jurisdiction while employed as a firefighter.

Applicants must provide all current certifications in the State of Ohio.

Applicants may provide written proof that they are currently enrolled in a paramedic class. This proof must be on letterhead from the school that is being attended.

Candidates may be required to pass a physical ability test

Candidate(s) may go through an interview process and background check.

CITY OF SHELBY IS AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL INFORMATION

FIRST NAME MIDDLE LAST

ADDRESS_____

CITY_____ STATE_____ ZIP_____

HOME PHONE_____ CELL PHONE_____

EMAIL ADDRESS_____

How long have you been a resident at the above address? _____

If less than four years, give previous address: _____

Are you legally authorized in the United States _____ Yes _____ No

Are you 18 years or older? _____ Yes _____ No

Name and address of person to notify in an emergency:

Do you drink intoxicating liquors? _____ Yes _____ No

To what extent? _____

Did you ever serve in any branch of the Armed Forces? _____ Yes _____ No

Branch_____ Length of Service_____

Primary Duties

EDUCATION	SCHOOL NAMES & LOCATIONS	NUMBER OF YEARS ATTENDED	COURSE OF STUDY	GRADUATE	LAST YEAR ATTENDED
Grammar School					
High School					
College Or University					
Night School					
Other Schools					

Have you ever before FILED AN APPLICATION for the position of Fire Fighter in the City of Shelby? _____ Yes: _____ No If so, state when: _____

List below complete work history for the last five years starting with your present position and working back. List periods of unemployment.

Occupation	From – To	Name & Address Of Employer	Reason For Leaving	Part Time/Full Time

Give names and addresses of five references, other than relatives of city employees, and the length of time they have known you:

In the space below, describe any special qualifications in training and experience you have had that in your opinion will qualify you for the position for which this application is filed.

RELEASE

I understand that as an applicant for the position of fire fighter, I will be subject to a background investigation that will include a reference and credit check. I hereby give consent and authorize the Employer to conduct any investigation the Employer deems necessary.

I further authorize any past employer and any school I have attended to release my employment and/or education records to the City of Shelby.

STATE OF OHIO)
)ss
RICHLAND COUNTY)

Print Name below

_____, being first duly sworn, says that the statements in the foregoing application are true, as he/she verily believes.

Signature below **before the notary only**

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public

Seal