

FIREFIGHTER/PARAMEDIC

EMPLOYMENT APPLICATION

(Please Print)

CITY OF SPRINGFIELD, OHIO
PERSONNEL DEPARTMENT
76 EAST HIGH STREET
SPRINGFIELD, OHIO 45502

INSTRUCTIONS: Please fill out completely and return in full to the Personnel Department.

FOR OFFICE USE ONLY	
DATE	TIME
INITIALS	
Military	
Approved	Disapproved

MILITARY CREDIT CLAIM

If you claim military service credit, check the box to the right.

MILITARY CREDIT

A copy of the Honorable Discharge or DD-214 specifying an **Honorable Discharge** must be submitted with this application.

- Name 2. Social Security #
- Address (Number & Street) (City) (State & Zip Code)
- Additional information relative to your name (such as: nickname, maiden name, names used in previous employment, etc.) necessary to enable a check on your work record? If yes, please explain.
- Phone # Email:
- Are you a U.S. citizen? Yes No If no, explain under Item #17.
- Person(s) to be notified in an emergency:
(Number & Street) (City, State & Zip Code) (Telephone Number)
- List all previous addresses for the past five (5) years: (for additional space use Item #17)

(Number & Street)	(City)	(State & Zip)	(From)	(To)
(Number & Street)	(City)	(State & Zip)	(From)	(To)
(Number & Street)	(City)	(State & Zip)	(From)	(To)

9. Schools Attended	Name & Address	Did you Graduate	Degree	Major Studies
High School		Yes No		
Business or Trade		Yes No		
College		Yes No		
Other (Specify)		Yes No		

Paramedic Certification: Are you currently certified by the State of Ohio as a paramedic? Yes No
 If Yes, what is your Certification No. If No, when do you expect to attain certification?

10. a. Are you 18 years of age or older? Yes No If no, what is your date of birth? / /
 b. Do you have a valid Drivers' License? Yes No If yes, what state?

11. List all present and past employment beginning with the current or most recent first.

Employer's Name	From	To
Address	Telephone No.	
Type of Business	Salary (Starting)	/ (Ending)
Name & Title of Supervisor		
Your Job Title	Reason for Leaving	
Briefly describe the nature and duties of your position		

Employer's Name	From	To
Address	Telephone No.	
Type of Business	Salary (Starting)	/ (Ending)
Name & Title of Supervisor		
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Employer's Name From To
 Address Telephone No.
 Type of Business Salary (Starting) / (Ending)
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Employer's Name From To
 Address Telephone No.
 Type of Business Salary (Starting) / (Ending)
 Name & Title of Supervisor
 Your Job Title Reason for Leaving
 Briefly describe the nature and duties of your position

Attach additional information on prior employment positions held on a separate sheet.

- | | | |
|--|-----|----|
| 12. May we contact your present employer? | Yes | No |
| 13. Have you ever been fired or asked to resign from any position previously held?
If yes, give details under Item #17. | Yes | No |
| 14. Have you been previously employed by the City?
If yes, when? | Yes | No |

15. Personal References

Do not list former employers or relatives - only persons who can provide educational or character references

Name:	Occupation:
Address:	Home Phone:

15. (Continued) Do not list former employers or relatives - only persons who can provide educational or character references.

Name:

Occupation:

Address:

Home Phone:

Business Phone:

Name:

Occupation:

Address:

Home Phone:

Business Phone:

16. How did you learn of this position?

17. Use this space to summarize any additional information to describe your full qualifications and for any explanation of answers to previous questions:

18. BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS. All information will be subject to extensive background investigation.

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Further, I hereby authorize the City of Springfield to contact prior employers listed above to obtain any and all information related to my past work performances.

SIGNATURE

DATE

AFFIRMATIVE ACTION/DISABLED/EQUAL OPPORTUNITY EMPLOYER

DID YOU ATTACH PROOF OF MILITARY SERVICE

CITY OF SPRINGFIELD, OHIO

RELEASE OF INFORMATION

PERSONNEL DEPARTMENT
CITY OF SPRINGFIELD
76 EAST HIGH STREET
SPRINGFIELD OH 45502

As an applicant for a position with the City of Springfield, Ohio and a former applicant / employee with the entity to whom this form is addressed, I hereby give my permission to the custodian of records, or other individual so empowered, to release any and all information maintained by such entity of an investigative, employment, or pre-employment nature.

I hereby include as subjects of release, information which can be broadly attributed to the following: personal/general, financial, employment, military, educational, criminal and miscellaneous history information to the City of Springfield, Ohio. I understand that all information obtained will be used for the purpose of considering my employment with the City.

Printed Name

Signature

Social Security Number

Date

CITY OF SPRINGFIELD, OHIO EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

NAME:

DATE:

JOB DESIRED:

DIRECTION: The Personnel Department requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only. It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.

<u>SEX:</u>	MALE	FEMALE
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<u>RACE:</u>		
White		Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black	<input type="checkbox"/>	Persons having origins in any of the black racial groups.
Hispanic		Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
American Indian: Alaskan Native	<input type="checkbox"/>	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Asian / Pacific Islanders		Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.

<u>HOW DID YOU BECOME AWARE OF THIS POSITION?</u>	Note: Please mark all that apply.
A) Newspaper	If yes, which newspaper?
B) Radio	If yes, which station?
C) Job Posting	If yes, where?
D) Personal Contact	If yes, give name.
E) Other	Please Explain.