



GARFIELD HEIGHTS FIRE DEPARTMENT

5115 Turney Road

Garfield Heights, Ohio 44125

Phone: (216) 475-4053 Fax: (216) 475-8389

EMPLOYMENT APPLICATION

Application Must Be Fully Completed (Please Print or Type)

Position(s) Applied For: _____ Date of Application: _____

Name: _____ Last 4 digits of Social: _____
LAST FIRST MIDDLE

Address: _____ Email: _____
Street City Zip

Telephone # _____
(Area Code)

Date Available for work: _____ Are you on a lay-off and subject to recall? YES NO

- Are you legally eligible for employment in this country? YES NO
- Are you at least 18 years of age or high school graduate? YES NO
- Have you filed an application here before? YES NO
- Have you ever been employed by the City of Garfield Heights? YES NO
- Do you have any relatives now employed with City of Garfield Heights? YES NO
- Have you ever been convicted of a felony? YES NO
- Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory conduct or performance? If yes, please explain. YES NO

EDUCATION

SCHOOL NAME AND ADDRESS		Diploma/Degree	Course of Study	GPA
High or Trade School	Name/Address:	Yes No		
Business or Technical	Name/Address:	Degree: Date:		
College or University	Name/Address:	Degree: Date:	Major:	
Graduate School/Other	Name/Address:	Degree: Date:	Major:	

Did you receive a High School Equivalency diploma? YES NO

If Yes, give: Date of issue: _____ Number: _____ Granting Agency: _____

REFERENCES

List three references who we can contact who have knowledge of your character, experience, or ability who are not related to you by blood or marriage and who are familiar with your present or past job performance.

FULL NAME	COMPLETE BUSINESS OR HOME ADDRESS	OCCUPATION	PHONE

Use this space to explain your answers to any items on this Application. (Use additional sheets if necessary.)

EMPLOYMENT HISTORY

Please give a complete record of your employment for a minimum of the past **TEN YEARS**, beginning with your present or most recent employment and working back. Account for all periods, including self-employment, unemployment, and service with the U.S. Armed Forces. Use additional sheets if necessary.

		Dates Employed		Summarize work performed and your job tasks
		FROM	TO	
1. Current or most recent employer: Phone #:				
Address:		Starting Salary \$ Final Salary \$		
City/State/Zip:				
Job Title(s): Part-Time Full-Time				
Supervisor:				
Reason for Leaving:				
2. Employer Phone #:				
Address:		Starting Salary \$ Final Salary \$		
City/State/Zip:				
Job Title(s): Part-Time Full-Time				
Supervisor:				
Reason for Leaving:				
3. Employer Phone #:				
Address:		Starting Salary \$ Final Salary \$		
City/State/Zip:				
Job Title(s): Part-Time Full-Time				
Supervisor:				
Reason for Leaving:				
4. Employer Phone #:				
Address:		Starting Salary \$ Final Salary \$		
City/State/Zip:				
Job Title(s): Part-Time Full-Time				
Supervisor:				
Reason for Leaving:				

Driver's License #: _____ Expiration Date _____ State: _____

Please submit a copy of the following with this application:

1. Valid driver's license
2. High School Diploma or GED equivalent
3. Birth Certificate
4. Paramedic Certification
5. Firefighter 2 Certification
6. If a veteran a DD-214

APPLICANT STATEMENT

My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature also signifies my authorization for the City of Garfield Heights to investigate background inquiries in order to verify the facts submitted; and for those with relevant information (including but not limited to, my prior employers and references) to release such information to the City of Garfield Heights. Further, I understand that you will be requesting information from various federal, state and other agencies that maintain criminal records concerning my past activities. I understand that these reports will be obtained in an effort to procure information deemed essential to qualify me for employment.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also acknowledge that, unless otherwise defined by applicable law, if hired, my employment is to be "at will" and that either I, or my employer, may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and a duly authorized officer of the City of Garfield Heights. In the event of employment, I also understand and agree to abide by all City of Garfield Heights rules and regulations.

Signature of Applicant

Date Signed

*The City of Garfield Heights, Ohio is an equal opportunity employer.