

FOR OFFICE USE ONLY:

DATE: _____

TIME: _____

Receipt No. _____

CIVIL SERVICE COMMISSION
CITY OF GARFIELD HEIGHTS, OHIO

APPLICATION FOR THE APPOINTMENT OF FIREFIGHTER

STATEMENT OF PERSONAL HISTORY:

INSTRUCTIONS: This statement must be completed by you. Print or type all answers. Do not mis-state or omit material fact, since the statements made herein are subject to verification and must be notarized. The information entered herein is for official use only and will be held confidential. If willful false information or statement on this form is given, you will not receive appointment and after appointment, it would be grounds for dismissal from the force. You are also advised that each applicant's fingerprints will be used to check any criminal record and for identification purposes. Please submit a copy of your high school diploma (or GED equivalent), birth certificate and valid driver's license along with this application.

Name _____
(First) (Middle) (Last)

Address _____
(Number) (Street) (City and State) (Zip Code)

Telephone Number (_____) _____ Age _____ Social Security # _____

Alias or Change in Name _____

Employment: Begin with most recent period of employment. List all jobs.

Month/Year	Name & Address of Employer	Position	Salary	Dates & Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION:

HIGH SCHOOL:

Name:

Address:

Graduate:

____ YES ____ NO

Year of Graduation:

COLLEGE:

Name:

Address:

Graduate:

____ YES ____ NO

Year of Graduation:

List prior references for the past few years:

Month/Year

Street Number, City, State and Zip Code

Do you have a valid driver's license? ____ Date Issued ____ State ____

License Number ____ How long have you been a licensed driver? ____

Have you ever been convicted of a felony? ____ YES ____ NO

Explain: _____

ADDITIONAL INFORMATION:

When making explanation refer to item you are answering. Please use additional sheet.

ACCIDENT WAIVER

WHEREAS, the undersigned residing at _____, State of Ohio, has presented to said Garfield Heights Civil Service Commission my signed Application to participate in the examination given for this position. In the event that the City requires that I demonstrate my strength, endurance and physical agility through a series of tests, I, for myself, my heirs, executors, administrators or assigns hereby waive any and all claim or claims against the municipal Civil Service Commission of this City or County itself and any State agency or member thereof, now or hereafter to accrue for, on account of, because of any injury or damage that I may sustain because of, in connection with, or on account of this physical strength and agility test and thereby release the municipal Civil Service Commission, the City the County or State agency or member thereof from any or all liability or claim for damages for any injury occurring as a result of these tests.

Applicant

NOTARY

I CERTIFY THAT THE ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE IN GOOD FAITH. I UNDERSTAND THAT WILLFUL FALSE INFORMATION OR STATEMENTS ON THIS FORM WOULD BE GROUNDS FOR NOT RECEIVING AN APPOINTMENT.

Applicant

SWORN TO BEFORE me and subscribed in my presence this ____ day of _____, 2013.

Notary Public