



GARFIELD HEIGHTS FIRE DEPARTMENT
5115 Turney Road
Garfield Heights, Ohio 44125
Phone: 216-475-4053 Fax: 216-475-8389
Email: kstrope@garfieldhts.org
Kenneth R. Strope Jr., Fire Chief

FIRE DEPARTMENT LATERAL TRANSFER APPLICATION

Application Must Be Fully Completed (Please Print or Type)

Date of Application: _____

Date of Birth: _____

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

Address: _____ Apt.# _____
Street City Zip

Phone #: _____ Email: _____

Drivers License #: _____ Expiration Date: _____ State: _____

All Applications **MUST** Include the Following:

*Completed Application

*Cover Letter and Resume

*Copy of Current Ohio Department of Public Safety FIREFIGHTER II card.

*Copy of Current Ohio Department of Public Safety PARAMEDIC card.

*Copy of Current American Heart Association ACLS card.

*Copy of Current American Heart Association HEALTHCARE PROVIDER / BLS card.

*Copy of Current American Heart Association PALS card.

*Copy of Current (valid) DRIVERS LICENSE.

*Copy of HIGH SCHOOL DIPLOMA or EQUIVALENT.

EDUCATION

High School: _____ Diploma Y / N _____ Year Graduated _____ GPA _____

College/University: _____ Diploma Y / N _____ Year Graduated _____ GPA _____

Course of Study: _____ Degree: _____

Technical School: _____ Diploma Y / N _____ Year Graduated _____ GPA _____

Course of Study: _____ Degree: _____

Other: _____

REFERENCES

List references who we can contact who have knowledge of your character, experience, or ability.

Persons who are familiar with your present or past job performance are strongly preferred.

Name _____ Occupation/Title _____ Phone # _____

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, fire department and non-fire department related jobs. Use additional sheets if necessary.

1. Most recent employer: _____ Dates Worked: From _____ to _____

Address: _____
Street _____ City _____ State _____ Zip _____

Job Title: _____ Supervisor's Name: _____

Phone Number: _____ Shift most worked: A B C Type of Shift: 8hr 12hr 24 hr
other: _____

Summarize work performed: _____

Reason for Leaving: _____

2. Employer: _____ Dates Worked: From _____ to _____

Address: _____
Street _____ City _____ State _____ Zip _____

Job Title: _____ Supervisor's Name: _____

Phone Number: _____ Most worked Shift: A B C Type of Shift: 8hr 12hr 24 hr
other: _____

Summarize work performed: _____

Reason for Leaving: _____ Pg.3

EMPLOYMENT HISTORY CONTINUED

3. Employer: _____ Dates Worked: From _____ to _____

Address: _____
Street _____ City _____ State _____ Zip _____

Job Title: _____ Supervisor's Name: _____

Phone Number: _____ Most worked Shift: A B C Type of Shift: 8hr 12hr 24 hr
other: _____

Summarize work performed: _____

Reason for Leaving: _____

4. Employer: _____ Dates Worked: From _____ to _____

Address: _____
Street _____ City _____ State _____ Zip _____

Job Title: _____ Supervisor's Name: _____

Phone Number: _____ Most worked Shift: A B C Type of Shift: 8hr 12hr 24 hr
other: _____

Summarize work performed: _____

Reason for Leaving: _____

5. Employer: _____ Dates Worked: From _____ to _____

Address: _____
Street _____ City _____ State _____ Zip _____

Job Title: _____ Supervisor's Name: _____

Phone Number: _____ Most worked Shift: A B C Type of Shift: 8hr 12hr 24 hr
other: _____

Summarize work performed: _____

Reason for Leaving: _____ Pg.4

SPECIAL QUALIFICATIONS and SKILLS

Acknowledge whether or not you possess any of the following certifications or skills.

HAZMAT Technition Y N

Fire Instructor Y N

EMS Instructor Y N

Fire Inspector Y N

Fire Investigator Y N

Technical Rescue/ Tactical Teams: _____

Other: _____

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 it's 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.

In the event of employment, I understand and agree to abide by all City of Garfield Heights rules and regulations.

Signature of Applicant _____ Date Signed _____

Notary

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

Notary Public _____

Attach a copy of ALL required information listed on page 1 of this application.

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

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