



GARFIELD HEIGHTS FIRE DEPARTMENT  
5115 Turney Road  
Garfield Heights, Ohio 44125  
Phone: 216-475-4053 Fax: 216-475-8389  
Email: [kstrobe@garfieldhts.org](mailto:kstrobe@garfieldhts.org)  
Kenneth R. Strobe 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 # \_\_\_\_\_

Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Phone # \_\_\_\_\_

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.