

CIVIL SERVICE COMMISSION

Jim Struna, Chairman Steve Maltry, Vice Chairman Diane Pauley, Member

Date Rcv'd:	
Time Rcv'd:	
Rcv'd By:	

FULL-TIME FIREFIGHTER APPLICATION August 2016

CITY OF MENTOR

An Equal Opportunity Employer 8500 Civic Center Blvd., Mentor, Ohio 44060

(PLEASE TYPE OR PRINT CLEARLY)

NAME	:	SSN		
ADDRESS				
HOME PHONE:	BEST TIME TO	CALL:		
MAY WE CONTACT YOU AT WORK? IF YES,	WORK # AND BE	EST TIME TO (CALL:	
E-MAIL ADDRESS:				
DRIVERS LICENSE #:	EXPIRATION DA	ATE:		
ARE YOU A U.S. CITIZEN OR OBTAINING CITIZENSHI	P?			
ARE YOU A CERTIFIED PARAMEDIC?	CERTIFICATION	#:		
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D.	EQUIVALENCY?			
ARE YOU AT LEAST 20 YEARS OF AGE, BUT NOT YE	<u>T 36</u> YEARS OF A	\GE?		
DATE OF BIRTH:				
ARE YOU WILLING TO SIGN A WAIVER AND TAKE SCREENING, MEDICAL EXAM AND PSYCHOLOGICAL HAVE YOU EVER BEEN REMOVED FROM FURTHER FOR THE CITY OF MENTOR? IF YES	EVALUATION? _	ON AFTER TA	KING A CIVIL S	SERVICE EXAM
ARE YOU A GRADUATE OF OHIO FIREFIGHTER TRAIL (2) EXTRA CREDIT POINTS, A <u>COPY</u> OF YOUR CERTI				
ARE YOU A VETERAN OF ANY UNITED STATES ARMS IF SO, TO RECEIVE TWO (2) EXTRA CREDIT POINTS FORM STATING "HONORABLE" DISCHARGE WITH S OR, ARE YOU CURRENTLY ON ACTIVE DUTY IN "GOO IF SO, TO RECEIVE 2 EXTRA CREDIT POINTS, ATTAC	S, ATTACH A <u>Co</u> Ignatures – M DD Standing"? Ch a <u>Signed Le</u>	<u>PY</u> OF DISCH EMBER 4 COF	<u>PY).</u> DOD STANDING	<u>o</u> " FROM YOUR
COMMANDING OFFICER. MILITARY ID'S ONLY ARE OF MILITARY SERVICE <u>MUST</u> BE RECEIVED BY <u>SEP</u>				
ARE YOU CURRENTLY EMPLOYED BY THE CITY OF COMPLETED YOUR PROBATIONARY PERIOD?				ND HAVE YOU

SEE FACT SHEET FOR DETAIL OF EXTRA CREDIT POINTS AVAILABLE FOR PART-TIME MENTOR EMPLOYEES.

FULL-TIME FIREFIGHTER APPLICATION AUGUST 2016	PAGE 2
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO (circle one)	
IF SO, EXPLAIN IN DETAIL:	
1. I hereby certify that the statements made by me on this application are true, complete and correct to the b knowledge. I understand and agree that any misstatement of material fact contained in this application methods.	

- knowledge. I understand and agree that any misstatement of material fact contained in this application may cause rejection of this application, removal of my name from the eligible list and dismissal from City Service, and hereby authorize investigation of any and all statements contained in this application. I understand that misrepresentation or omission of facts requested is grounds for dismissal in the event I enter into the employ of the City of Mentor. I understand and agree that my employment is subject to the rules and regulations of the City of Mentor Civil Service Commission, the Ordinances of the City of Mentor, and the rulings of the City Manager and/or department heads, the Rules and Regulations of the Mentor Fire Department, and the Agreement between The City of Mentor and Mentor Professional Firefighter Association.
- 2. I further understand that to be processed for possible appointment/hire as a FT Firefighter/Paramedic, I must have a valid TRI-C physical agility certificate; cost of which is at my own expense, and it is my responsibility to make sure I have a current physical agility certificate before being hired by the City of Mentor. I also hereby release the City of Mentor from any injuries that might occur during said agility test; and, waive any and all objections to said test.

Signature of Applicant: Date:

This form, when completed, must be returned to the Civil Service Commission Recording Secretary by Friday, September 9, 2016, at 4:30 p.m.

FILING FEE: \$20.00 – TO BE SUBMITTED WITH APPLICATION (CASH OR MONEY ORDER ONLY) NO PERSONAL CHECKS, CREDIT OR DEBIT CARDS WILL BE ACCEPTED.

CIVIL SERVICE RECORDING SECRETARY: Civil Service Commission City Manager's Office 8500 Civic Center Blvd., 3rd Floor Mentor, Ohio 44060 (440) 974-5790

> Hours of Application Acceptance: 9:00 a.m. to 4:30 p.m. Weekdays, August 29 – September 9, 2016

CLOSED LABOR DAY, SEPTEMBER 5, 2016