

**CIVIL SERVICE COMMISSION  
SHELBY, OHIO  
APPLICATION FOR LATERAL ENTRY  
FIREFIGHTER**

Please print your name below.

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<b>FIRST NAME</b>	<b>MIDDLE</b>	<b>LAST</b>
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**FOR: Firefighter for the Fire Department**

**Instructions to applicant:**

Fill in completely – use typewriter or print in black ink.

**Failure to give truthful or complete information will result in rejection of your application or in your removal from your position if you receive the appointment.**

**Applicants must be 18 years of age, as per ORC 124.42**

**Applicants must have a valid Ohio Drivers License**

**Applicants must provide a current satisfactory record of employment from another jurisdiction while employed as a firefighter**

**Applicants must provide a current paramedic certification in the State of Ohio.**

**Applicants may also provide written proof that they are currently enrolled in a paramedic class. This proof must be on letterhead from the school that is being attended. Completion of the class and certification in the State of Ohio will be required by the date of hire.**

**Applicants must provide a current Ohio Professional Firefighter Certification**

**Candidates may be required to pass a physical ability test**

**Candidate(s) may go through an interview process and background check.**

**CITY OF SHELBY IS AN EQUAL OPPORTUNITY EMPLOYER.**

**PERSONAL INFORMATION**

\_\_\_\_\_  
FIRST NAME MIDDLE LAST

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

How long have you been a resident at the above address?\_\_\_\_\_

If less than four years, give previous address:\_\_\_\_\_

Are you legally authorized in the United States \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of person to notify in an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you drink intoxicating liquors? \_\_\_\_\_ Yes \_\_\_\_\_ No

To what extent?\_\_\_\_\_

Did you ever serve in any branch of the Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch\_\_\_\_\_ Length of Service\_\_\_\_\_

Primary Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>EDUCATION</b>	<b>SCHOOL NAMES &amp; LOCATIONS</b>	<b>NUMBER OF YEARS ATTENDED</b>	<b>COURSE OF STUDY</b>	<b>GRADUATE</b>	<b>LAST YEAR ATTENDED</b>
<b>Grammar School</b>					
<b>High School</b>					
<b>College Or University</b>					
<b>Night School</b>					
<b>Other Schools</b>					

Have you ever before FILED AN APPLICATION for the position of Fire Fighter in the City of Shelby? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, state when: \_\_\_\_\_

List below complete work history for the last five years starting with your present position and working back. List periods of unemployment.

<b>Occupation</b>	<b>From – To</b>	<b>Name &amp; Address Of Employer</b>	<b>Reason For Leaving</b>

Give names and addresses of five references, other than relatives of city employees, and the length of time they have known you:

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In the space below, describe any special qualifications in training and experience you have had that in your opinion will qualify you for the position for which this application is filed.

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**RELEASE**

I understand that as an applicant for the position of fire fighter, I will be subject to a background investigation that will include a reference and credit check. I hereby give consent and authorize the Employer to conduct any investigation the Employer deems necessary.

I further authorize any past employer and any school I have attended to release my employment and/or education records to the City of Shelby.

STATE OF OHIO            )  
  )ss  
RICHLAND COUNTY        )

Print Name below

\_\_\_\_\_, being first duly sworn, says that the statements in the foregoing application are true, as he/she verily believes.

Signature below **before the notary only**

\_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal