

**APPLICATION FOR
CIVIL SERVICE EXAMINATION**

- *(application must be turned in by Friday, March 5, 2010, 11:00 a.m.,
to: The City of New Philadelphia Mayor's Office, Suite 102,
150 East High Avenue, New Philadelphia, Ohio 44663)*

The undersigned hereby makes application for admission to the examination for
Firefighter/Paramedic with the **New Philadelphia Fire Department**

Division of the Department of Public Safety, to be held **Thursday, March 11, 2010, at
7:00 p.m.** at the Tuscora Park Pavilion, 161 Tuscora Avenue NW, New Philadelphia, Ohio.

Name in full _____ SS# _____ - _____ - _____

Address _____

Phone _____

Date of Birth _____ Are you a U.S. Citizen? _____

Are you a New Philadelphia resident? _____

What has been your residence for the past five years? _____

If you have had experience in the past similar to the work sought, state its nature and duration

Have you ever been convicted of a felony? _____

If yes, what for? _____

Have you been dismissed from the public service for delinquency or misconduct in office? _____

If yes, give date of dismissal _____

What military service have you had? _____ Dates of enlistment _____

Type of discharge _____

(If you desire credit for military service, a **legible** copy of your discharge papers **must be filed with this application**)

I hereby swear and/or affirm that the answers on this application are true to the best of my knowledge and belief.

Signature of Applicant _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20____

EMPLOYMENT HISTORY

1. Employer & Address (most recent employer)

Telephone Number _____ Hourly Rate/Salary _____

Job Title _____ Supervisor _____

Reason for leaving: _____

Dates Employed: From _____ To _____

2. Employer & Address

Telephone Number _____ Hourly Rate/Salary _____

Job Title _____ Supervisor _____

Reason for leaving: _____

Dates Employed: From _____ To _____

3. Employer & Address

Telephone Number _____ Hourly Rate/Salary _____

Job Title _____ Supervisor _____

Reason for leaving: _____

Dates Employed: From _____ To _____

4. Employer & Address

Telephone Number _____ Hourly Rate/Salary _____

Job Title _____ Supervisor _____

Reason for leaving: _____

Dates Employed: From _____ To _____

Special Skills and Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

EDUCATION

<u>School</u>	<u>Name and Address</u>	(Circle highest grade completed)
High School _____	_____	9 10 11 12
Diploma or GED (please circle one)		
College _____	_____	1 2 3 4
Technical _____	_____	1 2 3 4
Other _____	_____	1 2 3 4

Do you have a Commercial Driver's License? _____

Do you have a valid Ohio Operator's License? _____

Driver's License Number _____

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status).*

REFERENCES - List 3

(Do not list relatives or former employers)

Name: _____ Occupation: _____

Address: _____ Telephone No. _____

Name: _____ Occupation: _____

Address: _____ Telephone No. _____

Name: _____ Occupation: _____

Address: _____ Telephone No. _____

*** Attach hereto short letters of recommendation from three reputable citizens.**