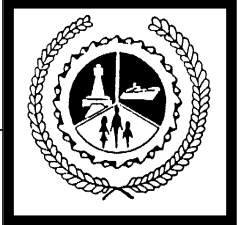


APPLICATION FOR HURON FIRE DIVISION



CITY OF HURON ❖ 417 Main Street ❖ P.O. Box 468 ❖ Huron, OH 44839

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

PLEASE PRINT:

Name: _____ Date of Application: _____

Address: _____
Street Apt. City State Zip

Social Security #: _____ Telephone #: _____

Mobile/Other: _____ E-mail: _____

Have you ever submitted an application to the City of Huron? _____ If Yes, when? _____

Have you ever been employed by the City of Huron? _____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____

Have you ever been convicted of a crime? _____ If Yes, please provide details: _____

ANSWERING "YES" DOES NOT AUTOMATICALLY BAR EMPLOYMENT. Please use additional sheet if necessary.

Hours you are available? _____

Do you have any friends / relatives currently employed by the City of Huron? _____

If Yes, who? _____

Military Service or Veteran Status? _____ If yes, please provide branch of service, rank, and job duties:

Name of Closest Living Relative: _____ Relationship: _____

Address: _____

Please explain why you would like to be a Huron Firefighter / EMT. Use additional sheets if necessary.

RELEVANT EXPERIENCE Please provide information regarding relevant experience to the position you are applying for. This includes, but is not limited to present/past employers, assignments, or volunteer activities. Use additional sheets if necessary.

From / To _____ Employer/Organization _____

Telephone # _____ Address _____

Job title: _____ Supervisor _____ May We Contact? _____

Job duties/Responsibilities _____

Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____

Telephone # _____ Address _____

Job title: _____ Supervisor _____ May We Contact? _____

Job duties/Responsibilities _____

Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____

Telephone # _____ Address _____

Job title: _____ Supervisor _____ May We Contact? _____

Job duties/Responsibilities _____

Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____

Telephone # _____ Address _____

Job title: _____ Supervisor _____ May We Contact? _____

Job duties/Responsibilities _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:

SKILLS AND QUALIFICATIONS

Do you have any specialized training in any of the following:

Fire
 Rescue
 EMT
 Paramedic
 Swift Water Rescue
 HAZMAT
 Underwater Recovery
 Rescue Diver

Please Describe any other training / skills (use additional sheets if necessary): _____

EDUCATIONAL BACKGROUND

Name and Location	# of years completed	Graduated?	Course of Study
HIGH SCHOOL:			

COLLEGE:			

OTHER:			

REFERENCES: Please provide at least 3 references who are not related to you. Use additional sheets if necessary.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

APPLICANT STATEMENT AND SIGNATURE:

I understand that this application is for appointment to PROBATIONARY STATUS with the City of Huron Fire Division's Paid-On-Call Division. As a PROBATIONARY firefighter / EMT I am required to successfully complete all required training courses and receive the required certifications. I also understand that I am required to maintain these certifications in accordance with the Rules and Regulations of the Division.

I certify that all information I have provided in order to apply for employment with the City of Huron is true, complete, and correct to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Huron and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Huron the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Huron in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the City of Huron, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding, the City of Huron, its agents, members or representatives, for seeking, gathering, and using such information all other persons, corporations, or organizations for furnishing such information about me.

My signature below acknowledges my understanding and agreement with the above. I understand that an offer of employment is contingent upon the successful completion of a pre-employment physical and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that I am free to resign at any time and the City of Huron reserves the same right to request my resignation at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the City of Huron at any time. I understand that no representative of the City of Huron is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant (required): _____ Date: _____

THIS BOX FOR OFFICE USE ONLY:

DATE REC'D: ___ / ___ / ___ by _____ Copy to Fire Division: ___ / ___ / ___

DRUG SCREEN: ___ / ___ / ___ PROBATIONARY START DATE: ___ / ___ / ___