**CITY OF URBANA, OHIO**

**Application for the Fire Chief**

This application must be filled out with pen or be typewritten. Please print clearly.

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| **1a. Last Name** | **1b. First Name** | **1c. Middle Initial** |
| **2. Street Address** |
| **3a. City** | **3b. State** | **3c. Zip Code** |
| **4a. Home Phone**  | **4b. Cell Phone** |
| **5a. Social Security Number** | **5b. Email Address** |
| **6. Citizenship**If hired, can you provide written evidence of your right to work in this country? □ Yes □ No  |
| **7. Physical Agility Test Certificate (Information gathering only)**Do you have a current CPAT or other physical agility test certificate? □ Yes □ No If yes, what type of test? CPAT Firefighter Mile Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please circle all that apply)If yes, Where and When did you obtain the certificate?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **8. Limitations**List any reason why you would be unable to perform the essential functions, or fundamental job duties, of the position.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9. Previous City Employee**Do you now, or have you ever, worked for the City of Urbana? □ Yes □ No If yes, from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10. Driver’s License**Do you have a valid driver’s license? □ Yes □ No **PROVIDE A COPY OF YOUR DRIVER’S LICENSE WITH THIS APPLICATION** |
| **11. High School**Do you have a high school diploma? □ Yes □ No If no, do you have a GED? □ Yes □ No **PROVIDE A HIGH SCHOOL TRANSCRIPT OR PROOF OF GED WITH THIS APPLICATION** |
| **12. Other Education** |
| **Type of School** | **Dates****From To** | **Name of School** | **City/State** | **Course of Study** | **Type of Degree or Certificate** |
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| **13. Military Service**Have you ever served on active duty in the armed forces? □ Yes □ No **PROVIDE A COPY OF ALL DD-214s WITH THIS APPLICATION** |
| **14. Fire and EMS Certifications**Do you have an Ohio Level 2 firefighter certification? □ Yes □ No Cert Number\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have an Ohio EMT certification? □ Yes □ No Cert Number\_\_\_\_\_\_\_\_\_\_\_\_\_  **PROVIDE A COPY OF FIREFIGHTER AND EMT CERTIFICATES WITH THIS APPLICATION** |
| **15. Work Experience**Fully describe your work experience beginning with your most recent job. Include military experience. **Do not submit resumes with this application**. If you need additional space, make copies of this page. |
| **Dates****From To** | **Employer** | **Position Title** |
| **Address** |
| **Phone Number** | **Supervisor** | **May we contact this employer?**□ Yes □ No  |
| **Full Time □ Part Time □** | **Hours per Week** | **Salary** |
| **Duties** |
| **Reason for Leaving** |
| **Dates****From To** | **Employer** | **Position Title** |
| **Address** |
| **Phone Number** | **Supervisor** | **May we contact this employer?**□ Yes □ No  |
| **Full Time □ Part Time □** | **Hours per Week** | **Salary** |
| **Duties** |
| **Reason for Leaving** |
| **Dates****From To** | **Employer** | **Position Title** |
| **Address** |
| **Phone Number** | **Supervisor** | **May we contact this employer?**□ Yes □ No  |
| **Full Time □ Part Time □** | **Hours per Week** | **Salary** |
| **Duties** |
| **Reason for Leaving** |

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| **16. References**Provide three references. **Do not include relatives.** |  |  |
| **Name and Occupation** | **Address** | **Phone Number** |
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**BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS**

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Furthermore, I hereby authorize the City of Urbana to contact prior employers, educational institutions, and references listed above to obtain any and all information related to my past work performance, experience or education.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE CITY OF URBANA IS AN EQUAL OPPORTUNITY EMPLOYER**

**AND COMPLIES WITH THE AMERICAN DISABILITIES ACT.**

APPLICATION CHECKLIST

□ APPLICATION SIGNED AND DATED PAGE 6

□ COPY OF DRIVER’S LICENSE ENCLOSED

□ COPY OF HIGH SCHOOL TRANSCRIPT OR GED ENCLOSED
 (Do not send copies of high school diplomas, or college transcripts.)

□ COPIES OF FORMS DD-214 FOR ALL PERIODS OF ACTIVE MILITARY DUTY ENCLOSED

□ COPIES OF OHIO FIREFIGHTER AND EMT CERTIFICATIONS ENCLOSED

