CITY OF CHARLESTON, WEST VIRGINIA Amy Shuler Goodwin, Mayor

Application for Examination

Fire Department - Position of Firefighter

READ CAREFULLY AND ANSWER EACH QUESTION FULLY

This application must be filled out with ink in applicant's own handwriting and returned (in person or mail) to the Charleston Fire Department Recruiting Office 808 Virginia St. West Charleston, WV 25302 or City Clerks Office 501 Virginia St. East Charleston, WV 25301.

All applications must be completed and turned in by November 22, 2021 at 4:00p.m.

All applicants must be age 18 - 35 at date of application, and be a high school graduate, or hold a high school equivalency diploma (G.E.D.). Armed Forces veterans may apply up to age 40.

Applicants from other West Virginia paid fire departments that participate in the Municipal Police Officers and Firefighters Retirement System have no age restriction.

PLEASE PRINT LEGIBLY

				Date:		
1.	FULL name: _	First		Middle	Last	_
2.	Street Address: _			Phone No.		
3.	City:	County:		State:	Zip:	
4.	Primary Phone # Email:			Phone #		
5.	Age	Date	e of Birth			_
				(Attach copy o	f birth certificate)	
6.	Social Security Nur	nber/	/	Height	Weight	
7.	Are you a citizen of	the United States	s?			
8.	Drivers License Nu	mber			State	
9.	WVOEMS Certification Number		Certificatio	Certification Level		
10.	Military Service _		Organization	ı		
	Date of Entry		Date of Disc	harge		
	If discharge other than honorable, explain					

If you have military service, attach a copy of your DD214 to this application.

THE CITY OF CHARLESTON IS A EQUAL OPPORTUNITY EMPLOYER

11. Have you ever been	nave you ever been convicted of a chime?				
If yes, explain giving	dates:				
12. Education:					
Schools Attended	Address	Years	Diploma or Degree		

a.	Name and address of empl	loyer	
	Position and kind of work		
	-		
	From	to	
	Reason for leaving?		
b.	Name and address of empl	lover	
ъ.	Name and address of empl	loyer	
	Position and kind of work		
	From	to	
	Reason for leaving?	-	
	3		
C.	Name and address of empl	loyer	
	Position and kind of work		
	From	to	
	Reason for leaving?	-	
d.	Name and address of empl	loyer	
	Position and kind of work		
	From	to	
	Reason for leaving?		
	· ·		

Experience: (Full particulars must be given and all time accounted for) list chronologically -

13.

last employer first.

14. Give five personal references who are not relatives, former employers, former employees or school teachers. Personal references should be at least (25) years of age, head of household or property owners, or business men or women,including your family physician or any person of good standing in the community who you have known well during the past three years.

a.		
	Name	Number of years known
	Residence Address	Telephone Number
	Business Address	Telephone Number
b	Name	Number of years known
	Residence Address	Telephone Number
	Business Address	Telephone Number
c	Name	Number of years known
	Residence Address	Telephone Number
	Business Address	Telephone Number
d	Name	Number of years known
	Residence Address	Telephone Number
	Business Address	Telephone Number
e	Name	Number of years known
	Residence Address	Telephone Number
	Business Address	Telephone Number

	ILLAGE	LIST ALL TREVIOUS ADDRESSES FOR THE FAST TO TEARS
1.	Address	
2.		<u> </u>
3.		<u>:</u>
4.		<u> </u>
	State:	
5.	Address	
	Dates:	
	County:	
	State:	
	· -	

15.

16.	You may indicate on the back of this sheet any experience or training that you have had o specialized ability which, in your opinion, may qualify you for this position.					
17.	Will you authorize us to ask your present employer about your work?					
	IF YOUR ADDRESS OR PHONE NUMBER CHANGES AFTER FILING THIS APPLICATION, IT IS YOUR RESPONSIBILITY TO NOTIFY THE ADMINSTRATION OFFICE (304-348-8137) OF THE CHANGE. FAILURE TO NOTIFY THIS OFFICE COULD FORFEIT YOUR APPLICATION FOR EMPLOYMENT.					
	I hereby certify, under penalty of law, that the information contained in the attached application is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligibility lis or I will be dismissed from service. Further, I also authorize the Charleston Fire Department to make all necessary and appropriate investigations to verify the information contained and to verify my transcripts as needed with the appropriate university or college, concerning my achieved education.					

Signature of Applicant

- Birth certificate with state seal
- Valid driver's license

Date

- High school diploma or G.E.D. equivalent
- Transcripts of college credits and/or degree, if applicable
- DD Form 214 Military Discharge Papers, if applicable
- Paramedic or Advanced Care Technician certification, if applicable

^{*} Applicant must furnish the Charleston Fire Department with copies of the following items:

NOTICE REGARDING BACKGROUND INVESTIGATION

The City of Charleston may obtain information about you from a third-party consumer reporting agency for pre-employment screening purposes. An investigative consumer report is a compilation of information which may include information about your character, general reputation, personal characteristics, and/or mode of living, as well as an investigation which may include your criminal history, social security number validity, motor vehicle records, verification of your education or employment history (including income), or other information with public or private information sources.

These searches are conducted by the Nati		- ,	* '
Road Suite 100, Marietta, GA 30066; tel. #	866-996-741	2; www.solutions.ncsisaf	e.com.
Please initial here if you would like no charge if one is obtained by the City. The address you provide below.			
NAME:			
ADDRESS: (NO PO BOXES PLEASE):			
. IDDNESSI (INST S BONES I BENGE).	Street #/N	ame	
City	State	Zip Code	
SSN:			
DOB:			
EMAIL:			
PHONE # (include area code):			
By my signature below (including electr REGARDING BACKGROUND INVESTICAN an investigative background check on me as	GATION and	authorize the City of Ch	
Applicant Signature		. Date	