## 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 February 14, 2020 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.).

\*

		PLEASE PRINT LEGIE		
			Date:	
1.	FULL name:	First	Middle	Last
	20 0000	Filst		
2.	Street Address:		Phone	No
3.	City:	County:	State:	Zip:
4.	residence.)	st three years (give complete add		
5.	Age	Date of Birth		
			(Attach copy of	birth certificate)
6.	Social Security Number		Height	Weight
7.	Are you a citizen	of the United States?		
8.	Drivers License Number		S	tate
9.	Paramedic Certifi	cation Number		
10.	Military Service	Organization		
	Date of Entry	Date of Discha	irge	
	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.	11. Have you ever been convicted of a crime?			
If yes, explain giving dates:		ng dates:		
12.	Education:			
Sc	hools Attended	Address	Years	Diploma or Degree
		<b>_</b>	T	
		-		

a.	Name and address of employer		
	Position and kind of work		
	From	to	
	Reason for leaving?		
b.	Name and address of emplo	oyer	
	Position and kind of work		
	From	to	<del></del>
	Reason for leaving?		
	Newson and Lord Lord Control		
C.	Name and address of emplo	oyer	
	Design and the design of		
	Position and kind of work		
	From	40	
		to	<del></del>
	Reason for leaving?		
d.	Name and address of emplo	over	
u.	Name and address of emplo	byei	
	Position and kind of work		
	1 OSITION AND KIND OF WORK		
	From	to	
	Reason for leaving?	10	

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

1.	Address:	
	<b>D</b> (	
	Address:	
	Dates:	
	County:	
	01.1	
3.		
4.		
	State:	
5.	Address:	
	01.1	

PLEASE LIST ALL PREVIOUS ADDRESSES FOR THE PAST 10 YEARS

15.

You may indicate on the back of this sheet any experience or training that you have had or specialized ability which, in your opinion, may qualify you for this position.
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 FIRE CHIEF'S 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 list 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.
Date Signature of Applicant

16.

17.

TEST DATE March 9, 2020

6:00 PM

**Charleston Coliseum & Convention CENTER** 

## CONSENT AND RELEASE OF LIABILITY FORM

I hereby give my consent to the Charleston Fire Department and the Firemen's Pension and Relief Fund of the City of Charleston, or their designated persons, to conduct complete background investigations. I understand that such investigations may include but not be limited to such items as the following:

- a. Criminal records of any government agency.
- b. Felony conviction records of any government agency.
- c. Conviction of a misdemeanor offence involving larceny false swearing, gambling or other crimes indicating questionable moral character.
- d. Habitual use or abuse of alcohol or drugs.
- e. Verification of the applicants answers to the employment application.
- f. Verification of high school diploma or G.E.D.

I also understand that this document shall serve as a notice and release of all liability to any government agency or subdivision thereof, or participant, that provides official records concerning myself or statements I have made.

I understand that this criteria is lawful, reasonable and necessary for the selection process. I am not under any physical or mental strain or impairment that would influence my signing this document.

Applicant's Signature	
Date:	

- \* Applicant must furnish the Charleston Fire Department with copies of the following items:
  - Birth certificate with state seal
  - Valid driver's license
  - 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