

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 **August 15, 2022** at 6:30p.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 #. _____ Secondary Phone #. _____

Email: _____

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 _____ State _____

9. WVOEMS Certification Number _____ Certification Level _____

10. Military Service _____ Organization _____

Date of Entry _____ Date of Discharge _____

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 convicted of a crime? _____

If yes, explain giving dates: _____

12. **Education:**

Schools Attended	Address	Years	Diploma or Degree

13. Experience: (Full particulars must be given and all time accounted for) list chronologically - last employer first.

a. Name and address of employer _____

Position and kind of work _____

From _____ to _____

Reason for leaving? _____

b. Name and address of employer _____

Position and kind of work _____

From _____ to _____

Reason for leaving? _____

c. Name and address of employer _____

Position and kind of work _____

From _____ to _____

Reason for leaving? _____

d. Name and address of employer _____

Position and kind of work _____

From _____ to _____

Reason for leaving? _____

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

15. PLEASE LIST ALL PREVIOUS ADDRESSES FOR THE PAST 10 YEARS

1. Address: _____

Dates: _____

County: _____

State: _____

2. Address: _____

Dates: _____

County: _____

State: _____

3. Address: _____

Dates: _____

County: _____

State: _____

4. Address: _____

Dates: _____

County: _____

State: _____

5. Address: _____

Dates: _____

County: _____

State: _____

16. 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.
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 ADMINISTRATION 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

* 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