## CITY OF CHARLESTON, WEST VIRGINIA Amy Shuler Goodwin, Mayor

Application for Examination
Fire Department - Position of Firefighter

## READ CAREFULLY AND ANSWER EACH QUESTION FULLY

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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 **September 18, 2023** at 5:30p.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.

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## PLEASE PRINT LEGIBLY

				Date:		
1.	FULL name:	First		Middle	Last	
2.	Street Address:			Phon	e No.	
3.	City:	County:		State:	Zip:	
4.	Primary Phone #		=	Phone #		
5.	Age	Dat	e of Birth			
				(Attach copy of	of birth certificate)	
6.	Social Security Numb	oer/_	/	Height	Weight	_
7.	Are you a citizen of the	ne United State	s?			
8.	Drivers License Num	ber			State	
9.	WVOEMS Certification	on Number		Certification	on Level	
10.	Military Service		Organizatio	n		
	Date of Entry		Date of Disc	harge		
	If discharge other tha	n honorable, e	xplain			

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 chine?			
	If yes, explain givi	ing dates:		
12.	Education:			
Sch	ools Attended	Address	Years	Diploma or Degree
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				<u> </u>

a.	Name and address of emplo	oyer	
	·		
	Position and kind of work		
	From	to	
	Reason for leaving?		
b.	Name and address of emplo	oyer	
	Position and kind of work		
	From	to	
	Reason for leaving?		
C.	Name and address of emplo	oyer	
	D 20 111 1 7 1		
	Position and kind of work		
	From	to	
	Reason for leaving?	ιο	<del></del>
	reducer for loaving.		
d.	Name and address of emplo	oyer	
	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. Number of years known Name Residence Address Telephone Number **Business Address** Telephone Number b. Number of years known Name Residence Address Telephone Number **Business Address** Telephone Number C. Number of years known Name Telephone Number Residence Address **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	
	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 presen	t employer about your work?	
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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 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

- 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

<sup>\*</sup> Applicant must furnish the Charleston Fire Department with copies of the following items: