



Wapakoneta Fire-EMS
103 Willipie Street
Wapakoneta, OH 45895
(419) 738-2014

PUBLIC NOTICE

By order of the Wapakoneta Civil Service Commission, beginning at 8:00 AM on Tuesday May 16, 2017 applications for the position Firefighter/Paramedic for the Wapakoneta Fire Department will be accepted at the Wapakoneta City Hall at 701 Parlette Court, Wapakoneta and continue until 4:00 PM on Tuesday, May 30, 2017. Application forms for Firefighter/Paramedic may be obtained at the Wapakoneta City Hall during regular business hours. The stated date for administration of this examination is Thursday, June 1, 2017 at 7:00 PM at the Wapakoneta High School, Redskin Trail, Wapakoneta, Ohio. Applicants must hold a valid high school diploma or equivalent, be able to pass a physical agility test and be or become a certified paramedic within two years.

The examination will consist of general questions related to math, reading, reading comprehension and problem solving. Calculators may be used. Cell phones may not be used. If applicants wish to secure military credit on their examinations, proof of honorable discharge from the military must be in possession of the Civil Service Commission before the time of the examination. Credit will also be awarded for possession of either a current Emergency Medical Technician/Paramedic certificate or a Firefighter Level 2 certificate certified by the state of Ohio. A copy of the current certificate must be submitted with the application.

Civil Service Commission

A handwritten signature in black ink, appearing to read 'Peter M. Noyes', with a large, sweeping flourish underneath.

Peter M. Noyes
Secretary

THE CITY OF WAPAKONETA, OHIO
PERSONNEL POLICY AND PROCEDURE MANUAL

APPLICATION FOR EMPLOYMENT

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AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER (optional): _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES: _____ NO: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE
IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL
PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE
GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: _____ NO: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

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SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

**IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE
A BLANK SHEET OF PAPER TO DO SO.**

EDUCATION AND TRAINING

**THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT
THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED,
AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE
APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.**

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

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PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES: _____ NO: _____

If yes, please explain: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES: _____ NO: _____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: _____ NO: _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: _____ NO: _____

ARE YOU A RESIDENT OF OHIO? YES: _____ NO: _____

If not, are you willing to become a resident upon employment? YES: _____ NO: _____

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

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I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OF LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF WAPAKONETA MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

(Applicant's Signature)

(Date)

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AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Wapakoneta. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential Employer.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background; educational records; my financial status; my criminal history record, including any arrest records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the City of Wapakoneta.

I agree to hold the City of Wapakoneta harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the proper authorities.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, losses, and expenses, arising out of or by reason of complying with this request.

Name Social Security Number

Address Telephone Number

City State Zip

Witness Applicant's Signature

Witness Date

Sworn to me and subscribed in my presence this _____ day of _____, 20____.

Notary