



The City of Solon
 Fire Department
 5595 Harper Road
 Solon, OH 44139-1828

EMPLOYMENT APPLICATION

It is the policy of the City of Solon to provide equal opportunity in employment and advancement to all qualified individuals without regard to race, color, religion, age, sex, national origin, ancestry, disability, medical condition, veteran status, marital status, or sexual orientation. Discrimination is prohibited by federal and state laws. We value the contribution that the diversity of applicants can bring.

INSTRUCTIONS

1. Fill out application completely and answer every question fully.
2. Do not use "refer to resume" or "refer to attached documents".
3. Be sure to sign and date the application.
4. All information contained herein will be subject to verification.
5. The answers to questions contained in this application must be printed legibly in BLACK INK ONLY.
6. If a question does not apply to your particular circumstance, insert "DNA" in that blank.
7. When answering questions that require dates, insert as complete a date as possible.
8. You must provide complete address information when requested.

WARNINGS

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Rules and Regulations of the Solon, Ohio Municipal Service Commission provide penalties for making a false statement of a material fact, or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection of application, rejection for appointment, or discharge after appointment.

SECTION I – PERSONAL INFORMATION

<u>LAST NAME</u>		<u>FIRST NAME</u>		<u>FULL MIDDLE NAME</u>	
<u>BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN?</u>				<u>E-MAIL ADDRESS</u>	
<u>ADDRESS</u>		<u>CITY</u>	<u>STATE</u>		<u>ZIP CODE</u>
<u>SOCIAL SECURITY NUMBER</u>		<u>DAY PHONE</u>		<u>EVENING PHONE</u>	
<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>
<u>LIST ANY SCARS, BIRTHMARKS, TATTOOS, ETC. THAT YOU MAY HAVE</u>					

If hired, will you be able to submit verification of your right to work in the U.S. at the time of hire?

Yes No

Do you have any relatives who are currently employed by the City of Solon?

Yes No

Name:

Can you provide both a valid driver's license and proof of insurance on date of hire?

Yes No

SECTION II – PREVIOUS RESIDENCE RECORD

Please list all addresses in the United States since age 16. Account for all time spans with the most recent address first and descending in order therefrom. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing, include the agent or management company to whom you pay (paid) rent.

From	To	Address (Include City, State, and Zip Code)

SECTION III – REFERENCES

List below the names of three adults not related to you and not former employers or employees who have known you for a period of preferably more than five years.

1. Name		Home Address, City, State, Zip Code	Home Phone (Area Code- Number)
Yrs Known	Business Occupation Or Profession	Business Address, City, State, & Zip Code	Business Phone (Area Code – Number)
2. Name		Home Address, City, State, Zip Code	Home Phone (Area Code- Number)
Yrs Known	Business Occupation Or Profession	Business Address, City, State, & Zip Code	Business Phone (Area Code – Number)
3. Name		Home Address, City, State, Zip Code	Home Phone (Area Code- Number)
Yrs Known	Business Occupation Or Profession	Business Address, City, State, & Zip Code	Business Phone (Area Code – Number)

SECTION IV – WORK HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for a firefighter/paramedic position with any other governmental agency?		
Name Of Department	Date Applied	Accepted	If No, Give Reason For Rejection
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Begin with your most recent job and list your complete work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service.** When listing periods of unemployment, indicate dates in space provided. In that block designated "name of employer" write in unemployed. In that block designated "reason for leaving" indicate from what source you received income during that period of unemployment. **ADDRESS INFORMATION MUST BE COMPLETE – STREET, APT. OR SUITE, CITY STATE AND ZIP CODE.**

May We Contact Your Current Employer? Yes No

Have You Ever Been Discharged Or Asked To Resign From A Job? Yes No

<u>From Date</u>	<u>Name Of Employer</u>	<u>Job Title</u>	<u>Start Pay</u>
<u>To Date</u>	<u>Address Of Employer</u>	<u>Phone</u>	<u>End Pay</u>
<u>Duties</u>		<u>Reason for Leaving</u>	
		<u>Immediate Supervisor</u>	
<u>From Date</u>	<u>Name Of Employer</u>	<u>Job Title</u>	<u>Start Pay</u>
<u>To Date</u>	<u>Address Of Employer</u>	<u>Phone</u>	<u>End Pay</u>
<u>Duties</u>		<u>Reason for Leaving</u>	
		<u>Immediate Supervisor</u>	
<u>From Date</u>	<u>Name Of Employer</u>	<u>Job Title</u>	<u>Start Pay</u>
<u>To Date</u>	<u>Address Of Employer</u>	<u>Phone</u>	<u>End Pay</u>
<u>Duties</u>		<u>Reason for Leaving</u>	
		<u>Immediate Supervisor</u>	

<u>From Date</u>	<u>Name Of Employer</u>	<u>Job Title</u>	<u>Start Pay</u>
<u>To Date</u>	<u>Address Of Employer</u>	<u>Phone</u>	<u>End Pay</u>
<u>Duties</u>		<u>Reason for Leaving</u>	
		<u>Immediate Supervisor</u>	
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<u>Duties</u>		<u>Reason for Leaving</u>	
		<u>Immediate Supervisor</u>	

SECTION V – MILITARY EXPERIENCE FOR CIVIL SERVICE CREDIT

<u>Branch of Service</u>	<u>Entry Date</u>	<u>Discharge Date</u>
**You must complete this section and attach discharge papers or other proof of services to receive Civil Service credit.		

SECTION VI - EDUCATION

Beginning with Junior High School or Middle School, list all schools attended.

<u>From</u>	<u>Name of School</u>	<u>Graduate</u>
<u>To</u>	<u>Location of School (City and State)</u>	<u>Degree or Major</u>
<u>From</u>	<u>Name of School</u>	<u>Graduate</u>
<u>To</u>	<u>Location of School (City and State)</u>	<u>Degree or Major</u>
<u>From</u>	<u>Name of School</u>	<u>Graduate</u>
<u>To</u>	<u>Location of School (City and State)</u>	<u>Degree or Major</u>
<u>From</u>	<u>Name of School</u>	<u>Graduate</u>
<u>To</u>	<u>Location of School (City and State)</u>	<u>Degree or Major</u>

Please list below any technical training or certifications received relating to fire or EMS training.

<u>Type of Training</u>	<u>Where Received</u>

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature: _____

Date: _____

Subscribed and sworn to before me, this _____ of _____, 20__
by _____

Notary Public:

City of Solon Fire Department
Pre-Employment Statement, Authorization, and Release

In consideration of the acceptance of my application for employment by the City of Solon (hereinafter referred to as, "City"), I understand, agree, and/or certify to the following:

1. I certify that all information I have provided on this application is true, accurate, and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation, or omission of any information on my application (including any supplemental questionnaire), resume, or any other materials, or during any interviews, will be justification for withdrawing any offer of employment, or if employed, termination from employment, regardless of when the falsification, misrepresentation or omission is discovered by the City.
2. Any offer of employment I may receive from the City is contingent upon satisfactory results from the City's total pre-employment screening process.
3. I authorize the City and its agents to conduct a criminal history investigation with any or all federal, state, or local jurisdictions. This investigation may seek information on any felony and misdemeanor convictions I may have and my driving record.
4. I understand and agree that applicants for positions in the Fire Department will be subject to a more extensive background investigation. This investigation may include, but not be limited to, information as to my moral character and habits, general reputation, personal characteristics, and mode of living. This investigation may be conducted by the City's Police Department or other agents of the City and may include interviews with my friends, neighbors, and associates. I hereby release the City and its agents, including employees of the Police Department, my friends, neighbors, and associates, and all other parties from any and all liability for damages arising from the conduct of this investigation, and the release of information as a result thereof.
5. I hereby grant the City and its agents permission to contact all of my present and former employers and those individuals I have provided as personal references (unless otherwise specified on the application). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for my termination of employment, work performances, abilities, and other qualities pertinent to my qualifications for employment. Further, I authorize the City and its agents to obtain transcripts from all educational institutions I have attended. I also grant the City and its agents permission to conduct whatever investigation which may be needed to obtain or verify information regarding statements contained in my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release the City and its agents, my present and former employers, my personal references, and all other parties from any and all liability for damages arising from furnishing the requested information.

Applicant's Signature _____

Print your name _____

Date _____