

**CANTON, ALLIANCE  
CIVIL SERVICE COMMISSIONS  
STARK COUNTY, OHIO**

**APPLICATION FOR THE POSITION  
OF  
FIREFIGHTER/PARAMEDIC**

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NAME

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ADDRESS

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CITY STATE ZIP CODE

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HOME PHONE WORK PHONE CELL PHONE

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EMAIL ADDRESS

CANTON and ALLIANCE CIVIL SERVICE COMMISSIONS  
ARE AN  
EQUAL OPPORTUNITY EMPLOYER

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**BELOW IS FOR OFFICE USE ONLY**

DATE/TIME FILED \_\_\_\_\_

O.D.L. # \_\_\_\_\_

E. B. \_\_\_\_\_

Which city are you applying for?

\_\_\_\_ Canton

\_\_\_\_ Alliance

\_\_\_\_ Both Cities

BY \_\_\_\_\_



10. Have you had any military service? \_\_\_\_\_ YES NO  
If so, state type and date of discharge \_\_\_\_\_  
\_\_\_\_\_

11. Do you have a Bachelor's Degree? \_\_\_\_\_ YES NO

12. Do you have an Associate's Degree? \_\_\_\_\_ YES NO

13. Are you a Certified Basic EMT? \_\_\_\_\_ YES NO

14. Are you a Certified EMT/PARAMEDIC? \_\_\_\_\_ YES NO

15. Have you satisfactorily completed the minimum "full time paid Firefighter course" and possess a current certificate issued by the Ohio State Department of Education? YES NO

16. Ethnic Background. (You are not required to answer this question.)

- ( ) White Non-Hispanic Origin ( ) Black Non-Hispanic Origin ( ) Hispanic  
( ) Asian or Pacific Islander ( ) American Indian or Alaskan Native ( ) Other

17. How did you learn of this test for Firefighter/Paramedic? \_\_\_\_\_

18. Which city are you applying for?

- \_\_\_\_ Canton  
\_\_\_\_ Alliance  
\_\_\_\_ Both Cities

USE THE SPACE BELOW TO COMPLETE ANY ANSWERS REQUIRING MORE SPACE THAN IS AVAILABLE. (Please number your answers corresponding to the questions you are completing.)

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**CERTIFICATION OF APPLICANT**

I hereby certify that there are no willful misrepresentations, omissions of falsifications in this application. All my answers are true and correct to the best of my knowledge and belief. (Any applicant who intentionally makes a false statement, or who practices fraud in filling out this application, will be refused appointment, or if already appointed, will be dropped from the Department' s Rolls.)

I certify that I have completely read this application form and the examination announcement and that I understand or have had explained to my satisfaction, the selection process and qualifications for appointment to the position of Firefighter/Paramedic.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE