

CANTON CIVIL SERVICE COMMISSION
CITY OF CANTON, OHIO

APPLICATION FOR THE POSITION
OF
FIREFIGHTER/PARAMEDIC

NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

THE CITY OF CANTON IS AN
EQUAL OPPORTUNITY EMPLOYER

BELOW IS FOR OFFICE USE ONLY

_____ V. P. (20%)	DATE/TIME FILED _____
_____ R. C. (15%)	O.D.L. # _____
_____ B. D. (20%)	E. B. _____
_____ A. D. (10%)	
_____ STATE CERTIF. (20%)	PHYSICIAN SLIP _____
_____ BASIC EMT (10%)	RELEASE FORM _____
_____ C. PARA (20%)	LIABILITY FORM _____
_____ M. P. (20%)	
_____ C. P. (5%)	TMP NUMBER _____
_____ NONE	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. Are you in the Canton Safety Forces Mentoring Program? _____ YES NO
17. Will you have been a resident of the City of Canton for the six month period from April 15, 2014 to October 15, 2014? _____ YES NO

(SEE DOCUMENTATION STANDARDS FOR EXTRA CREDIT REQUIREMENTS #10-17)

In the interest of familiarizing yourself with the Skills Assessment Test, the Civil Service Commission will be conducting practice tests. The practice dates and times are as follows:

Saturday, November 1, 2014 from 11:00 a. m. to 4:00 p.m. _____

Monday, November 3, 2014 from 9:00 a. m. to 3:00 p.m. _____

Wednesday, November 5, 2014 from 3:00 p.m. to 8:00 p.m. _____

You will need to obtain a written permission slip from a physician, and have the Agreement and Release form, and Certification and Waiver of Liability form turned in no later than September 19, 2014 if you plan on attending any/all of the practice tests. Please check the above lines if you plan on attending any/all of the practice tests.

NO ONE WILL BE ALLOWED TO PRACTICE THE SKILL ASSESSMENT TEST WITHOUT THESE FORMS ON FILE.

18. Have you included a physician slip, Agreement and Release form, and a Certification and Waiver of Liability form? _____ YES NO
19. 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

20. How did you learn that the City of Canton is seeking applications for Firefighter/Paramedic?
