

3. MILITARY RECORD

a. Are you registered for Selective Service? Yes No
 Selective Service #: _____ Local Board: _____
(All males between the age of 18 and 26 MUST be registered with Selective Service before being employed with the City of Wauseon.)

b. Have you ever served on active duty in the Armed Forces of the United States? Yes No
 1. Branch of Military Service: _____
 2. Highest Rank Achieved: _____
 3. Dates of Active Duty: _____
 4. Type of Discharge: _____
Include DD Form 214 with application
 5. Was any type of disciplinary action take against you or were you convicted of a crime under the Uniform Code of Military Justice while in the service? Yes No
 Nature: _____

c. Are you a member of the Reserve or National Guard? Yes No
 ___Ready ___Standby Service Branch: _____

d. List any specialized military training you received that would be relevant to this position:

4. COURT RECORD

A. List all Arrest Convictions below to include details of each conviction.

Date:	Place:	Charge and Final Disposition:	Details:

B. List all traffic citations except parking tickets.

Date:	Place:	Charge and Final Disposition:	Details:

C. List any court action where you have ever been a plaintiff or defendant, including divorce and civil actions.

Date:	Place:	Charge and Final Disposition:	Details:

5. CREDIT RECORD

Have you ever filed for bankruptcy? Has your credit record ever been considered unsatisfactory? Have you ever been refused credit? Yes No

Date:	Creditor:	Explanation and Amount:	City/State:

6. RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT

Do you have any relatives/friends that are employed in government service in the City of Wauseon. Yes No
 List complete names of any close relatives or friends (including in-laws) who are employed with the City of Wauseon.

Name:	Agency Employed:	Relation:	City/State:

7. SOCIAL REFERENCES

List three social acquaintances in your own age group, listing complete information. **NOTE:** Do not duplicate any individuals listed above who work for the City of Wauseon or as any other references. Individual only can be used once.

Name:	Phone Number:	Email Address:	Length of Acquaintance:

8. RELATIVES

List complete information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse has step-parents, legal guardians, or other with whom you lived other than your parents, list information on Page 4, Sec. 8c. If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws as well.

	Name:	Email Address:	Phone Number:
Father:			
Mother:			
Father-in-law			
Mother-in-law			
Spouse:			
Children:			
Children:			

Other relatives/legal guardians with whom you have resided for an extended time.

Name:	Phone Number:	Email Address:	Relation:

9. NARRATIVE

In the space provided, please explain why you want to serve the Wauseon Fire Department. Also include any skills or expertise that you will bring with you.

10. QUESTIONS

- 1. Have you ever been denied employment by a fire or EMS department?
 - a. If yes, explain _____

- 2. Have you ever been convicted of a felony?
- 3. Are you presently using illegal drugs?
- 4. Are you presently using a controlled substance without a prescription?
- 5. Have you ever been convicted of a crime involving moral turpitude or carrying a possible sentence of more than one year?
- 6. Have you ever possessed or sold any amount of illegal drugs?
 - a. If yes, explain when and why _____

- 7. Are you able and willing o work long shifts?
- 8. Are you able and willing to wear an uniform?
- 9. Are you willing to respond from home in the middle of the night?

11. DOCUMENTS

In order to be considered for employment, the following documents **MUST** accompany this completed form:

- 1. Legible copy of Birth Certificate.
- 2. Transcripts from High School, Secondary Education, or a legible copy of High School Diploma, G.E.D certificate, or post-secondary education degree (if applicable).
- 3. Certified Drivers History for the past ten years **in all states, other than Ohio**, applicant has been licensed. *(If record is not immediately available, attach proof of application for same, such as a copy of the completed form or written letter of request to the State's DMV.)*
- 4. Importance of Honest Letter *(Signed and Dated)*.
- 5. Affidavit of Authorization to Release Information Form *(Signed and Notarized)*.
- 6. DD Form 214 *(If prior military history)*
- 7. Personal History Questionnaire *(Completed)*
- 8. For out of state fire or EMS certifications, military and/or federal candidates with prior firefighting and EMS training, certification and employment, the following documents are required *(These forms are not mandatory to be returned with your application however, they must be submitted prior to being interviewed)*.
 - a. Certificate of Completion (Firefighter 1 & 2 and EMS Training Course Certificate)
 - b. Curriculum/Syllabus showing hours and topics of training *(Must be official document from training center/ military training)*.

12. NOTE TO ALL APPLICANTS

Tattoos

Applicants with visible tattoos/branding to the face/neck will not be considered for employment. Applicants with tattoos/branding that are determined to be inappropriate must be covered at all times while the employee is representing the department. The department reserves the right to determine the type and number of ornamentation that is appropriate, however, prohibited mutilation would include, but not limited to, foreign object inserted under the skin, pierced/split tongue; and/or stretched out holes in the ears.

Dental Ornamentation

Employees shall not have any dental ornamentation. The use of gold, platinum, silver, or other veneer cap for the purposed of ornamentation is prohibited. Teeth, whether natural, capped or veneered, shall not be ornamented with designs, jewels, or initials.

13. ACKNOWLEDGEMENT OF INFORMATION BY APPLICANT

I understand that all appointments are probationary for a period of 12 months (one year), during which time I must demonstrate my fitness for continued employment with the City of Wauseon. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this document will be the basis for dismissal by the City of Wauseon. I agree to these conditions, and I hereby certify that all statements that were made by me on this document are true and complete to the best of my knowledge.

Full Signature of Applicant (NO NICKNAMES)
Date: _____

In making and filing this document with the City of Wauseon Fire Department, I authorized all persons, firms, officers, corporations, associations, organizations and institutions to furnish to the City of Wauseon or any of their authorized representatives all relevant documents, records or other information and opinions that are requested for this background investigation.

Full Signature of Applicant (NO NICKNAMES)
Date: _____

The City of Wauseon is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a bona fide occupational qualification.

ADA Notice: *The City of Wauseon will not discriminate against qualified individuals on the basis of disability in its employment process. The City will make all reasonable modifications to testing to ensure that people with disabilities have an equal opportunity for employment. Call (419) 335-7831 for more information.*