



The City of Mansfield - Civil Service Commission
Application for Civil Service Examination
Original Appointment - **Division of Fire**

The City of Mansfield is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status, except where such criteria constitutes a bona fide occupational requirement.

INSTRUCTIONS - PLEASE READ CAREFULLY!

Please complete this application in its entirety, using an ink pen, typewriter or by means of electronic fill-in [NOTE: All completed applications must be hand delivered or mailed to: *Mansfield-Human Resources Department, 30 N. Diamond Street, 9th Floor, Mansfield, OH 44902.* **Applications will not be accepted via electronic media.**]

How Did You Learn About Us? [Check applicable box below]

- College Event High School Poster/Billboard Radio Internet
 Church Community Event Job Fair Other

Where? _____

Last Name		First Name		Middle Name	
_____		_____		_____	
Address	Number	Street	City	State	Zip Code
_____		_____		_____	_____
Telephone Number(s)			Social Security Number		
_____		_____			
Date of Birth	(Question asked to determine eligibility under Civil Service Rule 3.04. Minimum Age Restrictions, Police and Fire which requires a person to be at least 18 years of age, but not yet 31 years of age, on the date of examination.)				
___/___/___					

PLACE AN "X" IN EACH BOX BELOW WHICH APPLIES TO YOU:

- I am presently a U.S. citizen, or have made application to become a U.S. citizen.
- I am a resident of the State of Ohio, or if not and if I am hired, I will be a resident of Ohio by the end of my probationary period.
- I am able to read and write the English language.
- I possess a high school diploma or equivalent.
- I possess a valid driver's license and will possess a valid Ohio's driver's license at the date of appointment.

(OVER)

ADDITIONAL MILITARY, COLLEGE & CERTIFICATION CREDIT

(NOTE: Any eligible credit marked below will only be applied to applicants who obtain the minimum passing score on the written examination.)

(Check all boxes below which apply to your application)

- I claim eligibility, pursuant to Mansfield Civil Service Rule 5.02, for extra credit for veteran's status I understand that I must submit a certificate of satisfactory military service or honorable discharge (DD-214) by the application deadline.

- I claim eligibility, pursuant to Mansfield Civil Service Rule 5.03, for extra credit for an associate's, bachelors or higher degree. I understand that proof of such degree must be submitted in the form of an official certification of graduation - not a diploma - from the institution which granted me said degree(s). I understand that copies and faxes will not be accepted.

- I claim eligibility, pursuant to Mansfield Civil Service Rule 5.03, for extra credit for the follow certifications: EMT Basic Certification EMT Paramedic Certification Firefighter 2 Certification. I understand that I must submit an official certification with a discernible embossed seal from the appropriated state certification board by the application deadline.

- I claim eligibility, pursuant to Mansfield Civil Service Rule 5.04, for extra credit for residency within the City of Mansfield or as a graduate of a high school that is located within Richland County, Ohio. I understand that I must submit an official certified transcript from the high school from which I graduated. I understand that to prove residency, I must submit either a certified copy of a recorded deed for the property at which I reside or a notarized copy of a lease for the property at which I reside. I further understand that documents called for herein shall be submitted by the application deadline.

ADDITIONAL QUESTIONS

Are there any persons related to you by blood or marriage that currently work for the City of Mansfield? (Check applicable line) ___ yes ___ no. If yes, complete the following:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

CONDITIONS OF EMPLOYMENT (Read and sign your initials before the item below)

_____ I understand and accept that, if I am conditionally accepted for employment, my employment is conditioned upon my passing a medical examination to determine my ability to perform the essential functions of the applicable position, with accommodations where necessary. I understand and accept that this examination will include a drug test.

I AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN AND WITH THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION REQUESTED HEREIN MAY LEAD TO MY REMOVAL FROM THE CIVIL SERVICE LIST OR TERMINATION FOLLOWING EMPLOYMENT.

Signature of Applicant

Date



The City of Mansfield - Civil Service Commission Affirmative Action Data Record

Applicants are considered for employment without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status. As an employer with an Affirmative Action Plan, the City of Mansfield complies with government regulations regarding the reporting of affirmative action information. Periodic reports are made to the government regarding the information requested below. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not a part of your application file.

Please note: YOUR COMPLETION OF THIS FORM IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY OR ALL DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Last Name	First Name	Middle Name
<hr/>		
Birth Date	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/>		
Ethnic Origin (check one)		
<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____
<hr/>		
Check if any of the following are applicable:		
<input type="checkbox"/> Desert Storm Veteran	<input type="checkbox"/> Operation Enduring Freedom Veteran	
<input type="checkbox"/> Operation Iraqi Freedom Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Disabled Individual