

# Cortland Fire Department



## **Mission Statement**

Cortland City Fire Department is devoted to providing the highest quality emergency and non-emergency service for the preservation of life, property, and environment. Through professional development and dedication we strive to treat those who entrust themselves unto us as we would our own families.

**Equal Opportunity Employer**

**CITY OF CORTLAND**

**SECTION 1 – PERSONAL INFORMATION**

**SOCIAL SECURITY #** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_  
(Optional)

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**INFORMATION RELEASE:**

I hereby authorize the release of this form to appropriate officials for recruitment.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**SECTION 2 – EXPERIENCE:**

In the areas below, please type or print legibly, past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. **NOTE:** A resume may not be used as a substitute for completing this page.

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**PRESENT OR MOST RECENT JOB:**

Employer's Name and Address: \_\_\_\_\_

Length of Employment: From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position(job title and classification): \_\_\_\_\_

Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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**NEXT MOST RECENT JOB:**

Employer's Name and Address: \_\_\_\_\_

Length of Employment:            From: Mo\_\_\_\_Yr\_\_\_\_            To: Mo.\_\_\_\_Yr\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position(job title and classification): \_\_\_\_\_

Salary: Beginning \_\_\_\_\_            Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Employer's Name and Address: \_\_\_\_\_

Length of Employment:            From: Mo\_\_\_\_Yr\_\_\_\_            To: Mo.\_\_\_\_Yr\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position(job title and classification): \_\_\_\_\_

Salary: Beginning \_\_\_\_\_            Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Employer's Name and Address: \_\_\_\_\_

Length of Employment:            From: Mo\_\_\_\_Yr\_\_\_\_            To: Mo.\_\_\_\_Yr\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position(job title and classification): \_\_\_\_\_

Salary: Beginning \_\_\_\_\_            Ending \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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**SECTION 3 – EDUCATION AND TRAINING**

**EDUCATION:**

Total number of years of education, including primary school: \_\_\_\_\_

Highest academic degree or level attained: \_\_\_\_\_

Name and address of school, college or university: \_\_\_\_\_

Where degree was attained. If no degree, last school attended: \_\_\_\_\_

Major subject area for graduate degree, if any: \_\_\_\_\_

Major subject area for graduate study without a degree, if any: \_\_\_\_\_

Major subject area for undergraduate degree, if any: \_\_\_\_\_

Major subject area for undergraduate study without a degree, if any: \_\_\_\_\_

Minor subject area(s) for undergraduate degree, if any: \_\_\_\_\_

If applying for a student help or college intern position, please list the school you are attending: \_\_\_\_\_

**TRAINING AND OTHER QUALIFICATIONS**

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above):

<b><u>Type of Training</u></b>	<b><u>Organization</u></b>	<b><u>Length of Training</u></b>	<b><u>Subjects(s) Covered</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

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**SECTION IV – MISCELLANEOUS**

The following information will be used only if it is directly related to the classification/position for which you are applying.

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Are you willing and able to secure an Ohio Driver’s License?        | ___        | ___       |
| 2. Have you ever been employed in the state or county service of Ohio? | ___        | ___       |
| 3. Have you been convicted of any felony?                              | ___        | ___       |
| 4. Can you perform the job-related requirements of the specific job?   | ___        | ___       |

If you have answered “YES” to question 4 or 5 or “NO” to question 6, please explain fully below, indicating by number to which question you are responding.

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**EMERGENCY INFORMATION:**

List the name and address of ONE PERSON, who will always know your whereabouts.

Name	Address	City	State	Zip Code	Phone No.
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**PREVIOUS ADDRESS:**

Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with the date of residence for each previous address.

Address	City	State	Zip Code	Date of Residence
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**APPLICATIONS WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED.**

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the City of Cortland.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

***\*Please attach copies of all pertinent current certifications, for the position being applied for, and driver's license.***



DISCLOSURE UNDER FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF CONSUMER REPORT  
FOR EMPLOYMENT PURPOSES

The undersigned hereby authorizes the Cos Hand Fire Dept. or its insurance agency Love Insurance Agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Driver's Name

Driver License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_