

**CIVIL SERVICE COMMISSION - CITY OF STRONGSVILLE, OHIO
ENTRANCE EXAMINATION – FIRE FIGHTER/PARAMEDIC**

Written Test - Saturday, March 5, 2022 - 9:00 a.m.

at

St. Joseph Church

McGraw Hall

12700 Pearl Road, Strongsville, Ohio 44136

Physical Agility Test

Administered by

Cuyahoga Community College

See link below for more information and dates.

<http://www.tri-c.edu/workforce/public-safety/fire-ems-training/firefighter-physical-agility-testing/index.html>

The City of Strongsville will only accept certificates from the Firefighter's Physical Agility Test administered by Cuyahoga Community College with a passing time of 4 minutes 30 seconds or less. Only Certificates issued on or after February 25, 2021 will be accepted and must be submitted with the completed application. All certificates will be subject to verification.

An Applicant must first pass the Firefighter's Physical Agility Test from Cuyahoga Community College with the proper time in order to qualify to take the Written Test.

A passing score of 70% on the written test is necessary in order to be placed on the eligibility list.

1. All applications for examination must be made on the application form furnished by the Civil Service Commission. Applications may be obtained from:
 - Strongsville Municipal Offices, (HR Department) 16099 Foltz Parkway, Strongsville OH 44149 from 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:30 p.m. Monday thru Friday **except when City Hall is closed**; or
 - Downloaded from City website: www.strongsville.org, Human Resources tab.
 - **Applications will not be faxed or mailed by the City.**
2. Each applicant for admission to the examination must be a U.S. citizen and must have attained the age of nineteen (19) prior to the date of the Written Test.
3. Each applicant must be at least twenty one (21) years of age, hold a current valid Emergency Medical Technician-Paramedic Certification and Fire Certification, Firefighter I and II from the State of Ohio by the date of appointment.
4. The City does not accept completed applications returned by mail, fax, or returned electronically.
5. **Completed applications must be returned in person beginning Monday, January 24, 2022 to the City of Strongsville, Civil Service Secretary, 16099 Foltz Parkway between the hours of 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:30 p.m. except when City Hall is closed and no later than Friday, February 25, 2022 at 4:30 p.m. The Civil Service Commission has limited the acceptance of applications to the first 100 properly completed applications returned with the required fee and all proper certifications to the City of Strongsville.**
6. A Filing Fee of **\$25.00** must accompany the completed **APPLICATION**. Filing fee is **NON-REFUNDABLE** and can be paid by Cash, Cashier Check, Credit Card, or Money Order made payable to the City of Strongsville.

7. Applicant must have a valid Ohio driver's license and present it to the City of Strongsville Civil Service Secretary when the application is returned. License will be copied and returned to the applicant.
8. Before appointment, prospective appointees may be required to submit to a polygraph examination, psychological examination, drug screening, a physical examination, and a criminal background check may also be conducted.

An applicant will not be admitted to the examination unless the applicant's application has been properly completed and filed with the City according to all directions and requirements.

*David R. Knowles, Chairman, Civil Service Commission
City of Strongsville is an Equal Opportunity Employer*

City of Strongsville Pre-employment Application

You must complete this form to apply for employment. Answers must be complete and legible.
Applications lacking sufficient information will not be processed

The City of Strongsville is an Equal Opportunity Employer and provider of ADA services

Applicant Information

Applicant's Name (Last, First, M.I.)			Position/Department Interested in Employment	
Street Address			Area Code/Telephone No.	
City	State	Zip Code	Alt. Telephone No./Mobile No.	
E-mail Address			County	Referral Source
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:				
Have you ever been employed by the City of Strongsville before?		If yes, when?	Driver License No./State	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names:				

Education and Training

Check all Applicable boxes.		School	Grade Completed
<input type="checkbox"/>	Elementary		
<input type="checkbox"/>	High School Graduate/GED		
		College & Major	Date of Completion
<input type="checkbox"/>	Associates Degree		
<input type="checkbox"/>	Bachelor's Degree		
<input type="checkbox"/>	Master's Degree		
<input type="checkbox"/>	Other		

Occupational Licenses, Registration, Certificates

License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Can you travel if the job requires it?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the use of a motor vehicle? (If required in the performance of job duties)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
Do you have supplemental employment that could be a potential conflict with the position you are applying for?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
Are you related to anyone who currently works for the City of Strongsville?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate names of relatives and where they work:				

Employment History

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume (if available) to this application.

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Starting/Current Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Special Skills: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer? Yes No

Do we have permission to contact your previous employer? Yes No

Date available for employment:

References (List three PROFESSIONAL references who may be contacted)

Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
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Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
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Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
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The City of Strongsville will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Strongsville Human Resource Department.

Visit our Internet site www.strongsville.org

Applicant Certification

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the City of Strongsville. I understand that if accepted by the City of Strongsville, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Strongsville is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

Applicant Signature	Date
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**CITY OF STRONGSVILLE
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to the questions below are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

OPTIONAL: Sex

Male Female

OPTIONAL: Please select your age group.

Under 18

18-25

26-39

40-54

55-69

70+

OPTIONAL: Race/Ethnicity

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

OTHER: Please self define. _____

OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

OPTIONAL: Are you a veteran?

Yes No

OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.

MILITARY STATUS: The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

DISABLED VETERAN: A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

DESERT STORM/SHIELD VETERAN: A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

VIETNAM ERA VETERAN: A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.