

Firefighter/Paramedic – City of Strongsville

The Strongsville Civil Service Commission will conduct an entrance examination for the full-time position of Firefighter/Paramedic on Saturday, September 10, 2011. Applications to take the exam may be obtained beginning Monday, August 1, 2011 at the following locations:

- Strongsville Fire Department Headquarters, 17000 Prospect Road, Strongsville, Ohio 44149 ((8:00 a.m. – 4:00 p.m. Monday thru Friday);
- Strongsville Municipal Offices, (HR Department) 16099 Foltz Parkway, Strongsville, Ohio 44149 (8:00 a.m. – 5:00 p.m. Monday thru Friday);
- City of Strongsville Website – www.strongsville.org

Completed applications must be returned in person to the Strongsville Municipal Offices (HR Department), Monday thru Friday between the hours of 8:00 a.m. and 5:00 p.m. The deadline to file an application is Friday, September 2, 2011 at 5:00 p.m. A \$25.00 non-refundable filing fee must be made at the time of application. The filing fee may be paid in the form of certified check, personal check, money order (payable to the City of Strongsville), cash or by Visa or Master Card. Applicants must have attained the age of nineteen (19) on or prior to the date of the written examination and the age of twenty-one (21) on or prior to the date of appointment. **No person shall be eligible to receive an original appointment on or after the person's thirty-first birthday.** Applicants must pass the Firefighter's Agility Test from Tri-C West in a time of four minutes thirty seconds or less (<4:30). Agility certificates issued on or after September 10, 2010 will be accepted and must be submitted with the application. Applicants must also submit a valid Ohio Paramedic License at the time of application. The Commission has limited the pool of applicants to the first **150 properly completed applications submitted** along with the required \$25.00 filing fee, agility certificate, high school diploma, valid driver's license, and Ohio Paramedic license.

City of Strongsville is an Equal Opportunity Employer



Thomas P. Perciak
Mayor

City of Strongsville

16099 Foltz Parkway
Strongsville, Ohio 44149-5598
Phone: 440-580-3150
Fax: 440-572-3241
www.strongsville.org

EXAMINATION FOR FIREFIGHTER/PARAMEDIC City of Strongsville, Ohio

MAIN PHONE NUMBER-440-580-3100
CIVIL SERVICE-440-580-3151

General Information Bulletin:

This Bulletin should consist of twelve pages that contain all the necessary information and forms. Applicants are responsible for reading the Bulletin completely and following the instructions.

Written Examination:

Saturday, September 10, 2011 - 9:00 a.m.

St. Joseph and John School (McGraw Hall)
12580 Pearl Road (Blue Ribbon Drive) (Signs will be posted)
Strongsville, Ohio 44136

Firefighter's Physical Agility Test:

Cuyahoga Community College (Tri-C) Western Campus
11000 Pleasant Valley Road
Parma, Ohio 44130-5199

See attached Firefighter's Physical Agility Test Information and Cuyahoga Community College Non-Credit Registration form.

The City of Strongsville will only accept certificates from the Firefighter's Agility test taken at Tri-C West with a passing time of four minutes 30 seconds or less. The certificate must be submitted with your application. Prior certificates issued on or after September 10, 2010 will also be accepted.

If you take the August 28th agility exam, you may fax your passing certificate to the Strongsville Civil Service Commission at 440-572-3241 by September 2, 2011 at 5:00 p.m. All Tri-C certificates will be subject to verification.

1. All applications for admission to the examination must be made on the application packet provided by the Civil Service Commission. Applications can be picked up beginning Monday, August 1, 2011 and returned no later than Friday September 2, 2011.

Applications can be obtained from:

- Strongsville Fire Department Headquarters, 17000 Prospect Road, Strongsville, Ohio 44149 (8:00 a.m.-4:00 p.m. Monday thru Friday)
- Strongsville Municipal Offices (HR Department) 16099 Foltz Parkway, Strongsville OH 44149 (8:00 a.m. to 5:00 p.m. Monday thru Friday)
- City website: www.strongsville.org

2. **Completed applications must be returned to the City of Strongsville, in person at 16099 Foltz Parkway, (HR Department) between the hours of 8:00 a.m. to 5:00 p.m no later than Friday, September 2, 2011.**

We do not accept completed applications returned by mail or fax or e-mail.

3. A filing fee of **\$25.00** must accompany the completed **APPLICATION**. Filing fee is **NON-REFUNDABLE** and can be paid by a certified check, personal check, or money order payable to the City of Strongsville, or cash, or payment by VISA or Master Card.
4. Each applicant for admission to the examination must be a U.S. citizen.
5. Applicants for original appointment to the Fire Department as a Firefighter-Paramedic must have attained the age of nineteen (19) on or prior to the date of the examination and the age of twenty-one (21) on or prior to the date of appointment. **No person shall be eligible to receive an original appointment on or after the person's thirty-first birthday.**
6. Applicants must be a high school graduate and must present their high school diploma or GED certificate at time of application. Diploma's will be copied and returned to the applicant.
7. Applicants must have a valid driver's license and present it to the City of Strongsville HR Department at time of application. License will be copied and returned to the applicant.
8. All applicants **MUST SUBMIT A VALID OHIO PARAMEDIC LICENSE AT TIME OF APPLICATION**. License will be copied and returned to the applicant.
9. A passing grade is a score of 70 or above on the written exam and passing the Tri-C agility test with a time of 4 minutes 30 seconds or less. Applicants must pass both exams in order to be placed on the eligibility list.
10. **APPLICATIONS – COMPLETED APPLICATIONS** must be returned in person between the hours of 8:00 a.m. -5:00 p.m. Monday through Friday only at the Strongsville Municipal Offices, HR Department, 16099 Foltz Parkway, Strongsville, Ohio 44149. **The Commission has limited the pool of applicants to the first 150 properly completed applications submitted along with the required \$25.00 filing fee, agility certificate, high school diploma, valid driver's license, and Ohio Paramedic license.**

Before appointment, prospective appointees may be required to submit to a polygraph examination, psychological examination, drug screening, physical examination, and a criminal background check may also be conducted.

Applicants will not be admitted to the examination unless their application has been properly completed and filed according to directions and requirements.

For any questions not answered above, you may call the Civil Service Secretary at 440-580-3151 or HR Director at 440-580-3137.

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

**FIREFIGHTER'S PHYSICAL AGILITY
TEST INFORMATION**

Cuyahoga Community College requires that all of the Tasks must be completed in (7) minutes or less for entrance into the Fire Academy. Check with each city you are applying for to find out their established times for the physical agility.

The firefighter's physical agility test consists of the following tasks over a timed course:

TASK 1 - Stair Climb with High Rise Pack

Carry a high-rise standpipe pack (2-50 foot sections of 1 1/2-inch hose weighing 50 pounds) to the third floor of the fire tower. Deposit the hose in the designated location. After Task 2 is completed, this hose will be returned down the stairs to the starting location.

TASK 2 - Hose Hoist

From a third story window, using a hand mutton hoist a 50 foot donut roll of 2 1/2 inch hose (about 50 pounds) connected by 5/8 inch rope. This task will be completed twice.

TASK 3 - Forcible Entry

Using the Keiser Force Machine, and a nine-pound hammer, drive a steel beam 5 feet.

TASK 4 - Hose Advance

Pick up the nozzle and move a 1 3/4-inch charged hose straightforward 75 feet.

TASK 5 - Victim Rescue

Drag a 175 pound dummy a distance of 100 feet.

Cuyahoga Community College will issue a certificate of completion indicating the time it takes to complete the tasks. The class participants will be responsible for taking their certificate of completion to the jurisdiction for which they are applying. The certificates will be valid for one year. Applicants must be sure that the fire departments where they are applying for a position will accept the certificate as their standard.

Prerequisites for Firefighter Agility Testing

1. Must show photo proof of identification after passing the test. An Ohio Drivers License or State Identification Card is acceptable.
2. Must read and sign a waiver of liability.
3. Must complete a college non-credit registration form and pay a \$50.00 course fee prior to the test date.
4. Must be in excellent physical health. A physician's exam is not required but is highly recommended.

The firefighter's agility testing will be conducted outdoors. Applicants will be required to wear five-pound ankle weights to simulate the weight of firefighter turn out gear. An air tank will be worn during testing for weight only; it will not be used for breathing air. Applicants can furnish their own gloves or they will be furnished. A firefighter helmet must be worn. Helmets will be furnished. Applicants can furnish their own liner, if they prefer. A ball cap or skullcap will work. It is suggested that applicants wear physical training gear with long pants and athletic shoes with good traction.

Firefighting is physically demanding and at times extremely hazardous. Candidates are encouraged to do pretesting exercises that will assist them in completing the agility test.

Please note: Cuyahoga Community College does not assume any responsibility for any medical consequences that might arise from participating in physical agility testing.

**For information: call 216-987-5429 or
216-987-5060**

**FIREFIGHTER'S PHYSICAL AGILITY
PREP COURSE**

FEE: \$100.00
TIME: 7:00 - 9:00 PM
LOCATION: Tri-C, West, Fire Tower

COURSE # TBA Jan. 19, 26 Feb. 2, 9, 16, 2011
COURSE # TBA Mar. 2, 9, 16, 23, 30, 2011
COURSE # TBA April 13, 20, 27, May 4, 11, 2011
COURSE # TBA May 25, June 1, 8, 15, 22, 2011
COURSE # TBA June 29, July 6, 13, 20, 27, 2011
COURSE # TBA Aug. 3, 10, 17, 22, 24, 2011
COURSE # TBA Sept. 14, 21, 28 Oct. 5, 12, 2011
COURSE # TBA Nov. 2, 9, 16, 23, 30, 2011

CLASS SIZE: 6 Minimum/25 Maximum

Cuyahoga Community College provides this 5 evening, 10 hour course to help train an individual for the Firefighter's Physical Agility Test. Participants will wear and use the same equipment that is required for the test. If insufficient enrollment, the course will be canceled. You will be notified by phone or postcard.

**FIREFIGHTER'S PHYSICAL AGILITY
TEST**

FEE: \$50.00
TIME: Test time will be assigned when registering.

LOCATION: Tri-C, West, Fire Tower

COURSE #TBA December 5, 2010
COURSE #TBA February 20, 2011
COURSE #TBA April 3, 2011
COURSE #TBA May 15, 2011
COURSE # TBA June 26, 2011
COURSE # TBA July 31, 2011
COURSE # TBA August 28, 2011
COURSE # TBA October 16, 2011
COURSE # TBA December 4, 2011

Registration must be completed and paid prior to the test as explained below. Applicants must sign-in prior to start of the test. Late arrivals will not be tested. If insufficient enrollment, the test will be canceled. You will be notified by phone or postcard.

REGISTRATION INFORMATION

All registrations will close 4 days prior to the start of the course. Applicants will be notified of testing time when registration and payment information are received.

To Register by mail: Complete the registration form enclosed. Make your check payable to and mail to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Rd., Parma, Ohio 44130.

To Register in person: Stop by the Fire Academy Office at the Western Campus of Cuyahoga Community College.

To Register by FAX: Payment must be by credit card 216-987-5468

To Register by phone: Payment must be by credit card 216-987-5429 or 216-987-5060

Registration Deadline: 5:00p.m., the Wednesday prior to the test date.

Refund Policy: Participants will receive a 90 percent refund if they withdraw prior to the test, no refunds thereafter.

Parking: Park in the lot to the right of the Fire Drill Grounds.

Directions to Campus: Exit I-71 at Bagley Road and go East. Exit I-77 at Pleasant Valley Road and go West. Exit The Ohio Turnpike at Exit 10 to I-71 North. The Campus is located at the corner of Pleasant Valley and York Roads, 11000 Pleasant Valley Rd., Parma, OH.

INITIAL FIREFIGHTER TRAINING



Physical Agility Registration Form

I will be attending: Fall _____ Spring _____ Summer _____

Please Print and Complete All Items

New Student Returning Student Last Attended: / /
Month Year

Personal Information				
SS# (required): _____				
Name _____				
<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Maiden</small>	
Address _____				
<small>Number</small>	<small>Street</small>	<small>Apt. No.</small>	<small>City</small>	<small>State</small>
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>	<small>Number</small>			
E-Mail _____				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
Ethnic Code <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan				
<input type="checkbox"/> White (non-hispanic) <input type="checkbox"/> Asian, Pacific Islander, Indian Subcontinent				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____				
Date of Birth (required) _____				
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No				

Fire Department Employment Information				
Dept _____				
Position _____				
Address _____				
<small>Number</small>	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>	<small>Number</small>			
FAX _____				
<small>Area Code</small>	<small>Number</small>	<small>Extension</small>		

Mail or FAX In Registration	
Payment Type	
<input type="checkbox"/> Letter of Intent (copy attached)	<input type="checkbox"/> P.O # _____ (copy attached)
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Money Order
<input type="checkbox"/> MasterCard	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
<input type="checkbox"/> American Express	Exp. Date _____
V-Code _____	
<small>(last 3 digits on reverse side of card)</small>	
Account Number _____	
Name on Card _____	
Signature _____	

Registration Information:

Please make checks payable to Cuyahoga Community College.

To register over the phone, please call 216-987-5429 or 216-987-5060

Mail registrations to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Road, Parma, OH 44130.

Fax registrations to (216) 987-5468.

NOTE: If your Fire Department is paying, you must include either a check, an original purchase order, or a letter of intent signed by the Chief on Department letterhead.

Course Reference Number	Course Title	Start Date	Fee
	Physical Agility Test		\$ 50.00
	Physical Agility Prep Course		\$100.00

Strongsville Fire and Emergency Services

Job Title: Probationary Firefighter/Paramedic

Department: Fire

Description of Position:

The following conditions of employment shall apply to all employees during their first twenty-four months of service with Strongsville Fire and Emergency Services.

Newly appointed personnel shall be known as Probationary Firemedics. The probationary firemedic is subordinate to all other members of the department and shall respect the departmental "Chain of Command".

The probationary firemedic will be assigned to work with one or more senior firemedics and will assist senior personnel as requested throughout the twenty- four month probationary period. The probationary firemedic will receive instruction concerning Fire Department Standard Operating Procedures (SOP's) and departmental rules and regulations.

The following list is intended to describe general duties to be performed by the probationary firemedic under the direction of senior personnel. It is understood that duties listed are representative of the position and are not to be considered all-inclusive.

Basic Function:

Under the direction of senior department personnel: to perform fire suppression, emergency medical service, rescue, fire prevention, haz-mat, public relations, maintenance, and any related duties as assigned and within the scope of certification levels.

Example of Duties:

- Perform fire suppression, emergency medical service, rescue, fire prevention, haz-mat, and public relations activities:
- Responds to fires, accidents, medical and haz-mat emergencies, and calls for service or assistance;
- Performs daily equipment checks and routine maintenance activities to insure proper operation of firefighting, EMS, and other equipment;
- Performs routine and seasonal maintenance and housekeeping activities to insure a clean, orderly, and professional work environment;

- Completes EMS reports, daily maintenance check sheets, equipment logs, and station activity logs as required;
- Participates in company inspections, preplans, and building familiarization tours;
- Operates hose lines, nozzles, EMS and rescue equipment;
- Performs ventilation tasks as required;
- Performs salvage and overhaul operations;
- Performs basic and advanced life support procedures as permitted by level of certification.

Physical Requirements:

The physical requirements described here are representative of those that must be met by an employee to successfully perform the essential functions of this position.

While performing the duties of this position, the employee is frequently required to listen, talk, hear, stand, walk, manipulate, or operate objects, tools or controls, climb or balance, stoop, kneel, crouch, crawl, and reach with hands and arms.

The employee, with assistance, must frequently lift and/or move weights exceeding 170 pounds. Specific vision abilities require acceptable close and distant vision, peripheral vision, and depth perception.

Education and Experience:

High school graduate or GED, and a valid Ohio driver's license is required. Ohio Paramedic certification is required as established by Ohio Revised Code, Sections 4765.16 and 4765.17. The Ohio Fire Training course as established by Ohio Revised Code, Section 4765.55 (Firefighter I and II) must be completed within the first year of employment. Completion of course work leading to a fire science Associate Degree is desirable.

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?	Drivers License No.	
<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 convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
Are there any felony charges pending against you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
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
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation



The City of Strongsville

The City of Strongsville will not discriminate against any individual or group because of race, sex, 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

**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.



CITY OF STRONGSVILLE

AUTHORIZATION FOR RELEASE OF INFORMATION

My signature below authorizes the City of Strongsville to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include but is not limited to, such information as criminal or civil convictions or civil cases, driving records, information from previous employers and educational institutions, personal references, professional references, and other appropriate sources.

I waive my right of access to any such information, and without limitation hereby release the City of Strongsville and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specifically provides for any and all information from: the local police department, information from the Ohio Criminal Investigation and the Federal Bureau of Investigation of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from any federal, state or local agency to which the City may contact for release of information pertaining to any findings involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the City of Strongsville.

Signature of applicant: _____

Date: _____

WAIVER OF LIABILITY

CITY OF STRONGSVILLE, OHIO

In consideration of my being permitted to take the required examinations (including but not limited to a physical, and/or a medical examination) in order to be considered for an eligibility list as a Firefighter/Paramedic Officer with the City of Strongsville, the undersigned does herein waive, release, save, hold harmless, and indemnify the City of Strongsville, the Civil Service Commission, their officers, employees, agents, or anyone acting in concert with them from any and all claims, causes or action, or for damages for personal injuries or loss of property which may occur during or as the result of such examinations. This waiver shall apply, but is not limited to any action, or failure to act, or dangerous condition maintained or permitted by the City.

Signature: _____

Date: _____

THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION PACKET.