City of Bedford Civil Service Commission

Application for Paramedic / Firefighter Examination



Sign up Number	
----------------	--

	(Last)	(First)	(Middle)
ORESS:			
	(City)	(State)	(Zip Code)
HONE JMBER:			
(Area	Code) (Phone N	Number)	
ed above. Thi uld know how wice Commiss mmission rese	s may include cell no to contact you. The sion of any changes	umber, pager number or applicant is responsible in regards to Address,	ntact you if not available a the number of a relative of for notifying the City of I Phone numbers etc. The n-compliance of current ad
ted above. Thing and know how rvice Commission reservation one numbers.	s may include cell not to contact you. The sion of any changes erves the right to ren	umber, pager number or applicant is responsible in regards to Address,	the number of a relative of for notifying the City of I Phone numbers etc. The n-compliance of current ad
ted above. Thi ould know how <mark>rvice Commis</mark> s	s may include cell no to contact you. The sion of any changes	umber, pager number or applicant is responsible in regards to Address,	the number of a relative of for notifying the City of I Phone numbers etc. The
ted above. Thing and know how rvice Commission reservation one numbers.	s may include cell not to contact you. The sion of any changes erves the right to ren	umber, pager number or applicant is responsible in regards to Address,	the number of a relative of for notifying the City of I Phone numbers etc. The n-compliance of current ad
ted above. Thinuld know how rvice Commission reservation reservation reservation reaction content (a)	s may include cell not to contact you. The sion of any changes erves the right to ren (Home Number)	umber, pager number or applicant is responsible in regards to Address,	the number of a relative of for notifying the City of I Phone numbers etc. The n-compliance of current ad

YOU MUST BE A CERTIFIED PARAMEDIC (STATE OF OHIO OR NATIONAL REGISTRY BY THE APPOINTMENT DATE)

Please check the	following that apply to you. Maximum number of points (12)
	hio Fulltime Firefighter I & II - Pursuant to Provisions of O.R.C. 65.11. 10 points
Residency	in Bedford since March 20th, 2020. 2 points
Military te	nure, Must provide a copy of DD Form 214. 2 points
Agility test	result less than 3:30. 2 Points
The City of Bedford requires a	valid Ohio Driver's License upon date of hire.
Ohio Driver's License No	
Are you a citizen of the United	States? Yes No
	PLICATION, READ OVER YOUR ANSWERS TO EACH QUESTION TO AND COMPLETENESS OF YOUR RESPONSES.
DEADLINE OF <mark>September 17th,</mark>	FY THAT I WILL HAVE REACHED THE AGE OF EIGHTEEN BY THE FILIING 2020 at 4:00 p.m. I SWEAR/AFFIRM THAT ALL STATEMENTS MADE BY ME CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY
FALSE STATEMENT MADE	BY ME WILL BE SUFFICIENT CAUSE FOR EXCLUDING ME FROM MINATION AND/OR REMOVING MY NAME FROM ANY ELIGIBILITY LIST
	SERVICE COMMISSION AS A RESULT OF THIS EXAMINATION."
(Date)	(Applicant signature)

The deadline for filing this application is Thursday, September 17th, 2020 at 4:00 p.m.