

Date Received: _____

**City of Bedford
Civil Service Commission**

Application for the Fire Medic Lateral Transfer

Deadline to file application September 1st at 4:00 p.m.

This Application **Must be completed with pen or typewriter.**

Name (print)

Last Name

First Name

Middle Initial

Address

Phone No.

() _____

Additional No.

() _____

Below list three additional phone numbers in which the City can contact you if not available at the number listed above. This may include cell number, pager number or the number of a relative or friend that would know how to contact you. **The applicant is responsible for notifying the City of Bedford Civil Service Commission of any changes in regards to address, phone numbers, etc. The Civil Service Commission reserves the right to remove a candidate for non-compliance of current address and or phone numbers .**

Area Code

Phone Number

Name

Area Code

Phone Number

Name

Area Code

Phone Number

Name

E-Mail Address:

Ohio Driver's License Number:

Please check the following that apply to you. Maximum number of points is 10.

_____ Must submit documentation of full time /part time fire medic status 2496 hours. Copy of Firefighter II certification and State of Ohio Paramedic. Employment must have occurred within the last two years as of the application deadline. 70 points.

_____ Tri-C Firefighter Physical Agility test (4 points) within the last 3 years with a time of 4:30 or less.

_____ Bachelor Degree (4 points) or Associates Degree (2 point) transcript **or** certificate of degree at time of filing (capped at 4 points).

_____ Military Service (2 points) copy of DD214 form with honorable discharge & reentry eligibility code that reflects this status. The following US Army re-entry will not be acceptable for additional points; however, not limited to: RE-4R, most RE-3's and some RE-2's

_____ Residency (2 Point) Candidate living within the City of Bedford at least 6-months prior to the filing deadline of September 1, 2023.

_____ **Total Points (Max is 10 points)**

****NOTE: In order to determine eligibility for additional points, the above papers must be presented at the time of filing this application.**

By my signature below, I swear / affirm that all statements made by me are true, complete and 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 participating in the examination and / or removing my name from any eligibility list established by the Civil Service Commission as a result of this examination. I also understand the at the Civil Service Commission reserves the right to remove my name from the list if I fail to notify the Commission of any changes in regards to address, phone numbers or other contact information.

_____ Date

_____ Applicant's Signature