

*City of Parkersburg*  
**FIRE DEPARTMENT**  
EMPLOYMENT APPLICATION



The City of Parkersburg is an equal opportunity employer.

**FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

**CITY OF PARKERSBURG  
PARKERSBURG WV 26101**

---

The City of Parkersburg is an equal employment opportunity employer and does not discriminate based on race, color, national origin, sex, sexual orientation, gender identity, military veteran status, religion, age, or disability in employment or the provision of services. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Fire Department.

---

PLEASE PRINT

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

---

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

Have you served in the Military? \_\_\_\_ Yes \_\_\_\_ No Branch of Service \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Type of discharge \_\_\_\_\_

(If you feel you are eligible to receive Veteran's Preference Points, it is your responsibility to submit a DD-214 with this application.)

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from employment.)

Are you able to perform the essential functions of the position for which you are applying with or without accommodations? \_\_\_\_ Yes \_\_\_\_ No  
If necessary, please explain \_\_\_\_\_

---

Do you possess a valid Motor Vehicle Driver's License? \_\_\_\_ Yes \_\_\_\_ No  
Please provide: License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_

---

**EDUCATION BACKGROUND**

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
# of years attended \_\_\_\_\_

Universities / Colleges Attended (include City & State)	Years Completed	Degree / Hours Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

Describe any other skills, education and training experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**EMPLOYMENT HISTORY**

Provide the following information for your past and current employers, starting with the most recent. Explain any gaps in employment in comments section below. (Last 10 years)

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_ No  
Duties \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_ No  
Duties \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_ No  
Duties \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_ No  
Duties \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Duties \_\_\_\_\_

Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Hourly Rate/Salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### RESIDENCES

List dates and addresses of all the places you have resided during the past 5 years

**ADDRESS**

**DATES**

ADDRESS	DATES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

### PERSONAL REFERENCES

List three personal references. (Do not use relatives or former employers)

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

---

List any additional information pertinent to your application

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRIVACY ACT STATEMENT

(Authority for collection of information including Social Security Number (SSN) is contained in 5 USC 3331, 32 USC 708, 44 USC 3101, 32 USC 708, and Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450 and 11652.

This authority for collection of information must be signed by you giving the City of Parkersburg permission to do a thorough background investigation with agencies such as the Credit Bureau, Medical and/or Mental Institutions, Law Enforcement Agencies, and other agencies which might be of concern for the completion of such investigation. This voluntary release allows the City of Parkersburg to contact agencies for release of information and accurate documentation concerning your past personal history, employment history, criminal history and financial status.

### PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED:

To obtain background information for personal investigative and evaluative purposes in connection with the making of security determinations with respect to: (1) Employment with the City of Parkersburg Fire Department particularly in sensitive civilian or for other positions that have been designated as requiring a determination as to whether employment in or assignment to such positions is clearly consistent with the interests of public welfare; (2) Positions of Firefighter or other sworn positions; and (3) a position which has access to classified or protected information.

This information will be used to determine your acceptability for employment with the City of Parkersburg. The information will principally be used to determine your mental, medical, and moral qualifications for employment with the City of Parkersburg. If you are accepted and subsequently hired by a component of the City of Parkersburg, this information will then become part of your personnel record.

Your Social Security Number (SSN) is necessary to identify you and your records and to properly report your earnings as an employee of the City of Parkersburg to the Social Security Administration, should you be hired. This data is for **official use only** and will be maintained in strict confidence in accordance with Federal Law and Regulations.

Disclosure of this information and signing this form is voluntary. However, failure to furnish information or the falsification of any information contained in this application for employment can and will result in the dismissal of the application.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT & RELEASE

I certify that all the information furnished in this employment application is true and complete to the best of my knowledge. I understand that the City of Parkersburg may investigate the information I have furnished, and I realize that any misrepresentation or false information in this application may lead to withdrawal of any employment offer or termination after employment.

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Parkersburg with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, written testing, reference checks, background investigations and medical examinations. I hereby understand that I would not be required to participate in a medical evaluation or medical examination until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Parkersburg, are a prerequisite to my appointment to a position with the City of Parkersburg.

In addition, I also hereby understand that the City of Parkersburg cannot guarantee the confidentiality of the results of, or information obtained through, the screening procedures. Rulings of the WV Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a government entity are a matter of public record and should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, except for medical records, maintained by the City relative to the screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the City of Parkersburg I, being at least 18 years of age, and under no legal disability, on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Parkersburg and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results there from.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The City of Parkersburg is an equal employment opportunity employer. If you feel you have been discriminated against based on race, color, national origin, sex, sexual orientation, gender identity, age, religion, or Veteran's status, please report it to the Personnel Dept. in the Parkersburg Municipal Building.

Return in person or mail to:

City of Parkersburg  
Fire Department  
1 Government Square  
PO Box 1627  
Parkersburg WV 26101

OFFICIAL USE ONLY	
Received in Fire Department:	
By: _____	
Date: _____	Time: _____

### **IMPORTANT:**

**MUST INCLUDE \$15 TEST FEE** (check or money order) PAYABLE TO: "CITY OF PARKERSBURG"  
WITH COMPLETED APPLICATION

COMPLETED APPLICATIONS MUST BE RECEIVED BY **November 3, 2021 AT 4:30 PM**



## **CITY OF PARKERSBURG**

### **STATEMENT OF DRUG-FREE WORKPLACE**

The City of Parkersburg, West Virginia, as a federal agency contractor, is mandated by the Drug-Free Workplace Act of 1988 to provide a drug-free work environment. This act **does not** mandate drug testing.

The City of Parkersburg's Drug-Free Workplace Policy is as follows:

- 1) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on the premises of any City facility or project. Any employee found to be in violation of these prohibited activities will be subject to termination.
- 2) Employees must report to the City (Supervisor or Personnel Director) any drug-related criminal conviction within five (5) days of the conviction. The City, in turn, must report to the contracting agency these employee convictions within ten (10) days of learning about the conviction.
- 3) Employee Assistance is available to deal with employees who have problems with drugs or alcohol. Any individual in need of assistance may request assistance in confidence. For further information contact your Supervisor or Personnel Director.

**REMEMBER, MAINTAINING A DRUG-FREE WORKPLACE IS THE LAW.**

Office of the Mayor and  
Personnel Department  
Effective February 6, 1990