

17. Education: List Elementary Schools, High Schools, then Colleges or others:

NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE?	DEGREE, DIPLOMA OR CERTIFICATE?

PLEASE NOTE: An OFFICIAL copy of your college transcripts indicating you have obtained a certificate or degree in Fire Science must be submitted to receive preference points.

18. Employment: List all employment for at least fifteen (15) years, and begin by listing your last or present employment first. Use additional sheets as necessary:

DATES OF EMPLOYMENT	COMPANY NAME, MAILING ADDRESS AND TELEPHONE NUMBER	WAGE OR SALARY	POSITION	REASON FOR LEAVING

19. Character References: Give three, not employers or relatives. At least two of these must have been acquainted with you for more than five years.

NAME	ADDRESS	OCCUPATION	YEARS KNOWN

20. I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility all persons, companies or corporations supplying such information. I understand such information may include records of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts is good cause for removal from the eligible list or discharge during the probationary period.

SIGNATURE: _____ DATE: _____

**-For Office Use Only-
DO NOT COMPLETE THIS FORM**

**CITY OF WARREN
FIRE FIGHTER EMT-B APPLICATION CHECKLIST**

**ORIGINAL DOCUMENTS TO BE PRESENTED FOR COPYING
BY APRIL 24, 2026, TO APPLY:**

- _____ Completed Application
- _____ Completed Equal Employment Opportunity Data Form
- _____ **ORIGINAL** driver's license
- _____ **ORIGINAL** high school diploma or G.E.D.
- _____ **ORIGINAL** Social Security card
- _____ **ORIGINAL** birth certificate/proof of U.S. citizenship
- _____ **ORIGINAL** EMT-B license
- _____ **ORIGINAL** Fire Fighter I and II or proof of enrollment
School: _____ Graduation Date: _____

_____ **EMPCO, Inc.** Written Exam completed date: _____
*Must score a 70% or higher to be considered.

_____ **A valid CPAT is NOT required to apply, but if you have a valid CPAT we would like to copy your original certificate.**

_____ **IF enrolled in a Paramedic Program, please provide proof of enrollment and expected graduation date.**
School: _____ Graduation Date: _____

TO RECEIVE PREFERENCE POINTS:

For Education:

_____ **OFFICIAL COLLEGE TRANSCRIPTS** -Official transcripts must be received in the Human Resources Office in an envelope sealed by the school or emailed from the school to jdamron@cityofwarren.org to receive preference point(s):

_____ Certificate in **FIRE SCIENCE** (1 point)

_____ Associate degree or higher in **FIRE SCIENCE** (2 points)

For Military Service: Only for service during a period of war or receipt of an expeditionary or other campaign service medal during an emergency condition, with an honorable discharge. (1 point)

_____ **ORIGINAL** Form DD214 Or NGB22

Oral Board is scheduled for:

_____ Signed up for Oral Board Examination

Date: _____ Time: _____

I understand that I may turn in an application without all of the documents listed above, but that my application is not complete until all required documents are accepted by the City of Warren Human Resources Department. I further understand that failure to submit all required documents by **APRIL 24, 2026, by 5:00 p.m.** will result in my application not being considered for this or any other position.

Applicant's Signature

Date

Employee Accepting Application: _____

City of Warren - Department of Human Resources

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

In accordance with FEDERAL EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES, the City of Warren is required to maintain statistical data pertaining to the sex and race of job applicants. The information obtained from this form is used for statistical purposes only and does not become a part of your application for employment. Please assist us in obtaining this required data by checking the appropriate spaces below. Thank you for your cooperation.

Position Applying for: **FIRE FIGHTER**

Name _____ Sex: ___ Female ___ Male

Address _____
Number and Street City State Zip

Ethnic Group:

_____ WHITE (not of Hispanic origin) - All persons having origins in any of the original people of Europe, North Africa or the Middle East.

_____ BLACK (not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

_____ HISPANIC - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ ASIAN or PACIFIC ISLANDERS - All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

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

_____ MULTI-RACIAL (having parents of more than one of the broad race categories listed above) - If you select this category please also check the category above which is your predominant race (the race you are most often identified as).

How Did You Become Aware of This Position?

_____ Detroit News/Detroit Free Press Online Classified

_____ Website (Be Specific) _____

_____ Person Told You

_____ Job Posting - Where: _____

_____ Other - Be Specific: _____

Signature _____ Date _____