

City of Corsicana

Civil Service Commission



PRE-EMPLOYMENT APPLICATION FOR FIREFIGHTER

DATE: _____

PLEASE PRINT

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

(CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____
(MONTH) (DAY) (YEAR)

Are you a citizen of the United States YES _____ NO _____

Are you related to a City Employee, City Manager,
or City Council Member YES _____ NO _____

EDUCATION

High School Diploma or G.E.D. YES _____ NO _____

College Degree or Associate Degree YES _____ NO _____

If no degree, number of college hours completed _____

Certified Texas Commission on Fire Protection YES _____ NO _____

EMT Certification YES _____ NO _____

EMT-P Paramedic Certification YES _____ NO _____

Prior Firefighter's experience YES _____ NO _____

National Registry Certification YES _____ NO _____

Have you served in the U.S. Armed Forces YES _____ NO _____

If Yes, Did you receive an honorable Discharge YES _____ NO _____

ARE YOU WILLING TO WORK SHIFTS?

24 Hours on, 48 Hours off YES _____ NO _____

Sign, Date and Return Application To: City of Corsicana—Civil Service Office
200 N 12th Street
Corsicana, Texas 75110
(903) 654-4822 Phone/Fax

Qualified Applicants will be notified of the next Civil Service Entry Level Examination.

NOTICE: All documentation (proof) of eligibility must be in the Civil Service Office by the deadline to register for the exam.

I understand the above statement. _____
Signature of Applicant Date