

**CITY OF NORMAN
SUPPLEMENTAL QUESTIONNAIRE
FIREFIGHTER**

Name: _____ Date: _____

This questionnaire is a supplement to your application and will be used for further evaluation of your education, training, and experience as it relates to the FIREFIGHTER position for which you applied. **FILL OUT THE QUESTIONNAIRE COMPLETELY AND SUBMIT WITH YOUR APPLICATION!**

List all accredited colleges and/or universities you have attended and the number of semester/quarter hours you have completed. If prior military, please list company and number of years.

<u>Name of College/University</u>	<u>Semester Hours</u>	<u>Quarter Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Proof of completion of High School or GED and EMT Certification must be included with your application by 5 pm October 16, 2020 to reserve a testing date.

1. Are you a current career firefighter? ___Yes ___No
If **Yes**, please list the city and state: _____, _____
2. Are you a volunteer firefighter? ___Yes ___No
If **Yes**, please list the city and state: _____, _____
3. Are you currently a Nationally Registered EMT? ___Yes ___No
Please indicate certification level :
___ Emergency Medical Responder (EMR)
___ Basic
___ Intermediate
___ Paramedic

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE EMPLOYMENT ANNOUNCEMENT AND THE TESTING AND HIRING PROCEDURES FOR FIREFIGHTER. I FURTHER ACKNOWLEDGE THAT THE INFORMATION I HAVE LISTED ABOVE IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACTS WILL DISQUALIFY ME FROM PARTICIPATING IN THE SELECTION PROCESS FOR FIREFIGHTER.

Signature

Date