

Application For Employment



Warren Township Fire Department

Please Print

Last Name		First Name		Middle Name
Address	Number & Street	City	State	Zip Code
Telephone Numbers (Home, Pager, Work)				Social Security Number
Position Applying for Part Time Volunteer Other:				

Have you ever filed an application with us before?

☐ Yes

☐ No

If Yes, give date: _____

Have you ever been employed with us before?

☐ Yes

☐ No

If Yes, give date: _____

Are you related to any current employee(s)?

☐ Yes

☐ No

If Yes, give name(s): _____

If hired, are you willing to work overtime?

☐ Yes

☐ No

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

On what date would you be available for work? _____

Do you have a valid Ohio driver's license?

☐ Yes

☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes

☐ No

Can you provide required proof of your eligibility to work?

☐ Yes

☐ No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes

☐ No

Have you been convicted of a felony within the last 7 years?

☐ Yes

☐ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: _____

Have you ever been discharged from a job?

☐ Yes

☐ No

Discharge will not necessarily disqualify an applicant from employment

We Are An Equal Opportunity Employer

Education

	High School	College/University	Other (Specify)
School Name and Location			
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree			
Describe Course of Study			
Describe Any Honors Received			

Fire and EMS Related Training <i>Please Attach Copies of Certification Cards to Application</i>				
EMT	Year Completed:	Certification Number:	Institution/ Location:	
EMT Advanced	Year Completed:	Certification Number:	Institution/ Location:	
Paramedic	Year Completed:	Certification Number:	Institution/ Location:	
Firefighter:	Level:	Year Completed:	Certification Number:	Institution/ Location:
HazMat	Level:	Year Completed:	Institution/ Location:	

Describe any other specialized training or qualifications you have relating to the position applied for

Describe any computer skills you possess, including software and hardware experience

Indicate any foreign languages (including American Sign Language) you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Describe Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		Starting	Final		
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				
2.	Employer	Dates Employed		Describe Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		From	To		
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				
3.	Employer	Dates Employed		Describe Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		From	From		
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				
4.	Employer	Dates Employed		Describe Work Performed	
		From	From		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		From	From		
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				

If there are any employers listed above whom you do not wish contacted briefly explain why:

References Give name, address and telephone number of three references who are not related.

1.	_____
2.	_____
3.	_____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

In Case of Emergency, Notify:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Applicant's Statement

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize you to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand and agree that, if employed by this organization, I will abide by its rule and regulations which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. I release Sycamore Township Department, their authorized agents, and their employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.

Signature of Applicant

Date

Investigation Authorization

I understand that as a condition of my employment I will be required to produce a local criminal background check and a copy of my driving record from my insurance company. I also understand that I will be required to take a drug and alcohol test prior to my employment.

Signature of Applicant

Date

EMPLOYMENT APPLICATION ADDENDUM

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you had a TB test within the last year? ☐ Yes ☐ No ☐ Decline to answer

If Yes, Date: _____

Have you received a complete series of Hepatitis-B vaccinations?

☐ Yes ☐ No ☐ Decline to answer

If Yes, You Will Need to Provide Proof and Dates
When Hired

PLEASE ATTACH THE FOLLOWING DOCUMENTS/INFORMATION TO THIS FORM WHEN RETURNING YOUR APPLICATION

Copies of the following items:

- Driver's License
- Social Security Card
- Ohio Firefighter Certification Card
- Ohio EMS Certification Card
- ACLS/CPR Card
- Specialty Cards (i.e., PALS, BTLS, Fire Safety Inspector. etc.)
- HazMat certifications

We will contact you by Email with some standard questions. Please provide us with your Email Address. This will speed up the process considerably: Please Print Clearly:

Email: _____

PLEASE PRINT:

NAME _____

DATE _____