



COITSVILLE TOWNSHIP FIRE DEPARTMENT

424 North Hubbard Road, Lowellville, Ohio 44436
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 Email Address: coitsvillefd@zoominternet.net

APPLICATION FORM

FOR FIRE DEPARTMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1 – 5			DATE _____		
Name _____					
Last	First	Middle	Maiden		
Present Address _____					
Number	Street	City	State	Zip	
How long at present address? _____			Social Security No. _____		
Telephone _____			Mobile Phone _____		
Email Address _____			Date of Birth _____		Age _____

Position applied for _____ Salary Desired _____

Days / Hours available to work

No Preference _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

How many hours can you work weekly? _____ Can you work days? _____

Employment desired Full Time Part Time Auxiliary/Reserve

Date available to work _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS/HOURS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
OPOTA				

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DO YOU HAVE A DRIVER'S LICENSE? YES NO

Driver's license number _____ State of Issue _____

Expiration date _____ Operator Commercial (CDL) Chauffeur

What is your means of transportation to work? _____

OFFICE SKILLS

Typing YES NO _____ WPM

Personal Computer YES NO PC MAC

10 key YES NO

Other Skills _____

Please list two references other than relatives or previous employers

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Are you now or ever have been in any branch of the Armed Forces / Reserve?

YES NO

Specialty _____ Date Entered _____ Discharge Date _____

Type of Discharge _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work Experience

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer Name _____

Address _____

Phone Number _____

Name of Last Supervisor _____

Employment Dates From _____ To _____

Pay or Salary Start _____ Final _____

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Name _____

Address _____

Phone Number _____

Name of Last Supervisor _____

Employment Dates From _____ To _____

Pay or Salary Start _____ Final _____

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your past two employers? **YES** **NO**

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APPLICANT INFORMATION FORM

TO BE COMPLETED BY APPLICANT

Height _____ ft _____ in Weight _____ Hair _____ Eyes _____

Marital Status Single Married, how long? _____ Divorced Widowed

Full name of spouse _____ Occupation _____

Name of Company _____ Telephone (_____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (_____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES, ONLY – LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTHDATE