

# CUMBERLAND TRAIL JOINT FIRE DISTRICT #4

142 South Marietta Street • St. Clairsville, Ohio 43950  
(740)-695-5147

## APPLICATION FOR EMPLOYMENT

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### BACKGROUND

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_ SS#: \_\_\_\_\_

If you are 17 years old or younger, enter your age: \_\_\_\_\_

Do you currently have a valid Ohio EMT certification?  YES  NO

Date acquired? \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you currently have a valid Ohio State Fire Fighters certificate?  YES  NO Date acquired: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?

YES  NO \_\_\_\_\_

\_\_\_\_\_

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

\_\_\_\_\_

Do you have a valid State of Ohio Driver's License?  YES  NO

Have you ever been convicted of any traffic violations?  YES  NO If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you willing to take job-related pre-employment tests?  YES  NO

Are you willing to submit to a physical examination if offered employment?  YES  NO

Are you willing to submit to drug testing prior to and during employment?  YES  NO

**EDUCATION**

Type	Name & Address	Circle last year completed	Did you graduate?	Subjects Studied & Degree (s) Received
High School		9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Post Graduate		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business, Trade, or Correspondence School		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYMENT HISTORY** (List most recent first. Include relevant military history.)

Name of employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Briefly describe your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the employers we may NOT contact for a reference: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES** (Please list 3 individuals whom we may contact for a professional reference, excluding relatives.)

Name	Address	Telephone
1. _____	_____ _____ _____	_____
2. _____	_____ _____ _____	_____
3. _____	_____ _____ _____	_____

**OTHER** (Please provide any other information you believe is relevant and would like the employer to consider in its review of your application.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT'S AGREEMENT AND RELEASE**

I certify that I have read and understand the information requested on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions, or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that lawful examinations, medical or substance abuse, or others may be required by the employer.

I authorize the Cumberland Trail Fire District #4 and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers (unless restricted on this application), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability whatsoever for issuing this information. I further release the employer of any and all claims of action arising out of the employer's efforts to verify the information contained in this application and/or determine my qualifications, I agree to provide such additional information or releases in a timely manner.

I confirm that I meet all the requirements as stated on the job posting(s) or job descriptions for the position(s) for which I am applying. I am further able to perform all the essential duties of the position(s) as in the Position Descriptions with or without reasonable accommodation.

I understand and agree that, as a condition of my employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and/or training. I further understand that I may be required to enroll in courses and/or other training at my own expense in order to maintain the standards of my position.

I grant permission to have this application and enclosures duplicated and to be distributed to the employees of the Cumberland Trail Joint Fire District #4 responsible for initial screening, interviewing, recommending applicants for employment and to other employees responsible for personnel records and reports.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_