

# Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

LAST NAME

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		
		NAME OF LAST SUPERVISOR AT THIS COMPANY
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____		

FIRST

MIDDLE INITIAL

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

**Former Employers** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**References** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

## Special Purpose Questions

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING A QUESTION**, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches  Weight \_\_\_\_\_ Lbs.  Are you a U.S. citizen?  Yes  No

Have you been convicted of a  Felony or  Misdemeanor within the last 5 years?  Yes  No. Describe \_\_\_\_\_

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.*

I understand and agree that I may be required to take one or more:  physical examination;  drug test;  lie detector test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).  Yes  No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.  Yes  No

Are you able to perform each of the following job functions with or without an accommodation?  Yes  No

JOB FUNCTION #1 \_\_\_\_\_

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

JOB FUNCTION #2 \_\_\_\_\_

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

JOB FUNCTION #3 \_\_\_\_\_

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever seriously injured?  Yes  No Give details. \_\_\_\_\_  
\_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

What foreign languages do you write fluently? \_\_\_\_\_

What foreign languages do you read fluently? \_\_\_\_\_

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Do Not Write On This Page - For Interviewer's Use Only**

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED 1: EMPLOYMENT MANAGER:			DATE	
APPROVED 2: DEPARTMENT MANAGER:			DATE	
APPROVED 3: GENERAL MANAGER:			DATE	

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

# New Employee Information

## Employee Data

Name: \_\_\_\_\_ S.S.N.: \_\_\_\_\_  
LAST FIRST M.I.

Current Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ How long have you resided at current address? \_\_\_\_\_

Prior Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ How long did you reside at prior address? \_\_\_\_\_

Are you over 18 years of age?  Yes  No Sex:  Male  Female

Have you worked for this company in the past?  Yes  No  
 If so, when? \_\_\_\_\_

Names of friends or relatives who presently work for this company: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

How is this person related to you? \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

How is this person related to you? \_\_\_\_\_

## Employment Position

Position: \_\_\_\_\_ Date started: \_\_\_\_\_ Starting salary: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

## Training Requirements

Type of training	Location	Amount of time needed	Dates

**Previous Relevant Training**

Date of Training	Location	Describe training received

**General**

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

\_\_\_\_\_

\_\_\_\_\_

**Military**

Have you served in the military?  Yes  No      Branch: \_\_\_\_\_

Served from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Rank: \_\_\_\_\_

Do you have any military commitment, including National Guard service that would influence your work schedule?  
 Yes  No  
 If so, explain: \_\_\_\_\_

Are you a Vietnam veteran?  Yes  No      Are you a disabled veteran?  Yes  No

Are you a special disabled veteran?  Yes  No

**REASONABLE ACCOMMODATIONS:** In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

**Additional Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization**

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that if employed, falsified statements on this form will be grounds for dismissal.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POLK JACKSON PERRY FIRE DISTRICT APPLICATION PACKET**  
**INSTRUCTIONS**

PROVIDED ON \_\_\_\_\_

RETURNED ON \_\_\_\_\_

PLEASE INCLUDE RESUME IF YOU HAVE ONE

PLEASE INCLUDE ALL FORMS

PLEASE INCLUDE COPY OF DRIVERS LISCENSE

PLEASE INCLUDE COPY OF ANY CERTIFICATIONS RELEVANT TO FIRE AND EMS IF APPLICABLE. EXAMPLES (CPR CARD, EMS CARD, FIRE CARD))

COMPLETED APPLICATION PACKETS SHOULD BE SEALED AND RETURNED TO CHIEF GOON.

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BEING A VOLUNTEER/PART TIME FIREFIGHTER OR EMT REQUIRES A LOT OF TIME AND COMMITMENT. YOU WILL SPEND A LOT OF TIME HELPING OTHERS ON THEIR EMERGENCY AND TRAINING FOR THOSE EVENTS. YOU WILL BE EXPECTED TO ATTEND A MINIMUM OF 50% OF TRAININGS AND ASSIST IN A MINIMUM OF 10% OF YEARLY EMERGENCY CALLS.

ARE YOU WILLING TO COMMIT TO THESE TERMS (CHECK ONE): YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# Firefighter Code of Ethics

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



ASHLAND COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF

INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF BACKGROUND INFORMATION  
BY THE ASHLAND COUNTY SHERIFF'S OFFICE.

NAME: \_\_\_\_\_

MAIDEN OR  
ALIAS NAMES: \_\_\_\_\_

SSN# \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

SIGNATURE: x \_\_\_\_\_

RECORDS OFFICER \_\_\_\_\_

ASHLAND COUNTY CORRECTIONS  
1205 EAST MAIN STREET  
ASHLAND, OHIO 44805