

Malta & McConnellsville Fire Department
Division of Emergency Medical Services

Application for Employment

Thank you for your interest in our fire department. We are a growing department who accepts applications on a continuous basis. Please fill-out the application in its entirety. If any blank does not apply to you, please fill-in the space with "N/A." All applications will remain on file for a period of 1 year. In order to apply with this department, you must meet ALL of the following criteria:

| | | |
|------------------------------------|---------------------------------|-----------------------------------|
| Valid Ohio Driver's License | 18 years of age or older | High School Diploma or GED |
| All certifications for EMS | | |

Failure to provide any of the required items above will result in the dismissal of your application. Once again, thank you for interest in us.

The M&M Fire Department Trustee's

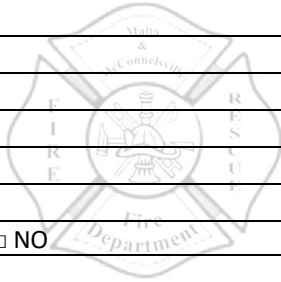
| | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Date: | | | |
| Name: | | | |
| Address: | | | |
| City/Village | | | |
| State/Province: | | | |
| Zip/Postal Code: | | | |
| Home Phone: | | | |
| Cell Phone: | | | |
| Position Applying for: | <input type="checkbox"/> Basic | <input type="checkbox"/> Advanced | <input type="checkbox"/> Paramedic |
| | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | |
| Salary Desired: | | | |
| Hours Available to Work: | Mon | | Fri |
| | Tues | | Sat |
| | Wed | | Sun |
| | Thurs | | |
| When available to begin work? | | | |

| Education | | | |
|---|---|--|-----------------|
| Type of School | Name of School and Complete Mailing Address | No. Years Completed | Major or Degree |
| High School | | | |
| College Bus. or Trade School | | | |
| Professional School | | | |
| Other | | | |
| Have you ever been convicted of a crime? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, please explain | | | |
| | | | |
| Level of Training | | Certification Number | |
| <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Paramedic | | | |
| Do you have a driver's license? | | Driver's License # & State | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Have you had any accidents in the past 3 years? | | How many? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Do you have any moving violations in the past 3 years? | | How many | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

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| Previous Employment (list up to 3) | | 1 |
|---|--|----------|
| Name of Employer: | | |
| Name of last supervisor: | | |
| Dates of employment: | | |
| Salary: | | |
| Complete Address: | | |
| Phone #: | | |
| Last job title: | | |
| Reason for Leaving (be specific): | | |
| | | |
| May we contact your employer: | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| Previous Employment (list up to 3) | | 2 |
|---|--|----------|
| Name of Employer: | | |
| Name of last supervisor: | | |
| Dates of employment: | | |
| Salary: | | |
| Complete Address: | | |
| Phone #: | | |
| Last job title: | | |
| Reason for Leaving (be specific): | | |
| | | |
| May we contact your employer: | <input type="checkbox"/> YES <input type="checkbox"/> NO | |



| Previous Employment (list up to 3) | | 3 |
|---|--|----------|
| Name of Employer: | | |
| Name of last supervisor: | | |
| Dates of employment: | | |
| Salary: | | |
| Complete Address: | | |
| Phone #: | | |
| Last job title: | | |
| Reason for Leaving (be specific): | | |
| | | |
| May we contact your employer: | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| Previous Employment | |
|---|--|
| Do you have any Worker Comp. claims or surgery's pending from previous employers? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

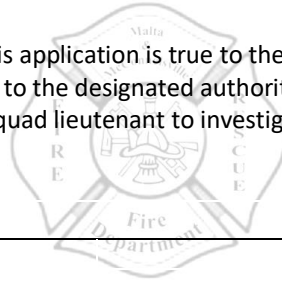
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| References (list 2 other than relatives and previous employers) | | | |
|---|--|------------------|--|
| Name | | Name | |
| Position | | Position | |
| Company | | Company | |
| Telephone | | Telephone | |
| Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: | | | |
| | | | |
| | | | |
| | | | |

Please email this application and other information. Do not send any certificates of continuing education classes.

Email: jacobwoodward@mmfireems.com

I hereby declare that the information in this application is true to the best of my knowledge. I also understand that the information may be released only to the designated authorities for evaluation purposes. I hereby give permission to the chief, trustee's and/or squad lieutenant to investigate my background.



Signature

Date