 **Central Ohio Joint Fire District**

 5138 Columbus Road

 Centerburg, Ohio 43011

 Phone: (740)625-5646 Fax: (740)625-7620

**Employment Application**

Date: Click or tap to enter a date.

Position Applied for: [ ] Full-Time [ ]  Part-Time

**Application Information**

Applicant Name E-Mail Address

 

Street Address



City Zip Code Mobile Phone

  

**Employment Eligibility**

Are you a citizen of the United States or an alien authorized to work in the United States? [ ] YES [ ] NO

Have you or a member of your family ever been employed by Central Ohio Joint Fire District? [ ] YES [ ] NO

Are you at least 18 years of age? [ ] YES [ ] NO

Do you have a valid Ohio Driver’s License? [ ] YES [ ] NO

**Education**

High School (Name, City, State) Year Graduated



College (Name, City, State) Year Graduated



Degree Type Field of study



College (Name, City, State) Year Graduated



Degree Type Field of study



**Training and Certifications**

Check all certifications that you currently possess. Proof of certification must accompany this application upon submission.

[ ]  Firefighter I [ ]  Firefighter II [ ]  EMT [ ]  Advanced EMT

[ ]  Paramedic [ ]  Fire Safety Inspector [ ]  Fire Instructor [ ]  EMS Instructor

[ ]  Live Fire Instructor

Ohio Certification Number:  Expiration Date: Click or tap to enter a date.

Haz-Mat Certifications [ ]  Operations [ ]  Technician [ ]  Specialist

NIMS [ ]  100 [ ]  200 [ ]  300 [ ]  400 [ ]  500 [ ]  600 [ ]  700 [ ]  800

Other Certifications/Training classes

[ ]  Trench Rescue [ ]  Rescue Diver [ ]  High Angle Rescue [ ]  Fire Investigator I

[ ]  Blue Card ICS [ ]  Rescue Technician [ ]  Wildland Firefighter [ ]  BLS Instructor

[ ]  ALS Instructor [ ]  PALS Instructor [ ]  Rope Rescue [ ]  Fire Investigator II

[ ]  Incident Safety Officer [ ]  Fire Officer I [ ]  Fire Officer II [ ]  Fire Officer III

[ ]  Fire Officer IV

Other training not already listed



**Previous Employment/Affiliations**

Beginning with the most recent, list all current and previous employment help over the last 10 years. This includes all volunteer fire departments. Use continuation sheets as necessary. Please note that mailing addresses MUST be listed for each employer. Additionally, if you do not wish for us to contact a particular employer, please provide an explanation on a continuation sheet.

Employer Name Mailing Address (Street, City, State, Zip)

 

Period of Employment Beginning :Click or tap to enter a date. End: Click or tap to enter a date.

[ ]  Full-Time [ ]  Part-Time Employee Job Title : 

Supervisor (Name, Rank/Title) 

Responsibilities: 







Reason for Leaving: 



Employer Name Mailing Address (Street, City, State, Zip)

 

Period of Employment Beginning :Click or tap to enter a date. End: Click or tap to enter a date.

[ ]  Full-Time [ ]  Part-Time Employee Job Title : 

Supervisor (Name, Rank/Title) 

Responsibilities: 







Reason for Leaving: 



**Previous Employment/Affiliations Continued**

Employer Name Mailing Address (Street, City, State, Zip)

 

Period of Employment Beginning :Click or tap to enter a date. End: Click or tap to enter a date.

[ ]  Full-Time [ ]  Part-Time Employee Job Title : 

Supervisor (Name, Rank/Title) 

Responsibilities: 







Reason for Leaving: 



Employer Name Mailing Address (Street, City, State, Zip)

 

Period of Employment Beginning :Click or tap to enter a date. End: Click or tap to enter a date.

[ ]  Full-Time [ ]  Part-Time Employee Job Title : 

Supervisor (Name, Rank/Title) 

Responsibilities: 







Reason for Leaving: 



**References**

List 3 professional and 3 personal references. Please do not use the same person for professional and personal, do not use anyone which may be considered to be a relative.

**Professional References**

Full Name: 

Method of Association: 

Mailing Address: 

Phone Number: 

Full Name: 

Method of Association: 

Mailing Address: 

Phone Number: 

Full Name: 

Method of Association: 

Mailing Address: 

Phone Number: 

**Personal References**

Full Name: 

Method of Association: 

Mailing Address: 

Phone Number: 

Full Name: 

Method of Association: 

Mailing Address: 

Phone Number: 

Full Name: 

Method of Association: 

Mailing Address: 

Phone Number: 

I certify that my answers are true and complete to the best of my knowledge. I authorize the investigation of all information contained in this application for employment, as well as any other documents required of me. The Central Ohio Joint Fire District conducts extensive background investigation to include, but may not be limited to criminal, personal, financial, and employment history. I understand that false or misleading information on my application, accompanying documents, or interview may result in my release. The Central Ohio Joint Fire District had the right to accept or reject any and all applications based on information acquired from background information. The Central Ohio Joint Fire District is an equal opportunity employer.

**Please ensure that the following documents accompany your application. Use the checklist provided to assist you.**

[ ] Continuation Sheet [ ]  Copy of Driver’s License

[ ]  Copy of Driver’s Abstract [ ]  Copy of Ohio Certification Card

**Continuation Sheet**

Please identify the applicable page number and section(s) that apply. When multiple lines are required for entry, only write the page number and section once at the beginning.



































