



## 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)

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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)

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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)

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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)

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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:

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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

