



Michael Vatty
Fire Chief

Munson Fire Department

12200 Auburn Road
Munson Township, Ohio 44024
Station (440) 286-6797
Fax (440) 286-8890



Emergency
Medical

Thank you for applying for the position of Part-Time Firefighter with the Munson Township Fire Department.

Please complete the application in its entirety--Incomplete applications will not be considered.

| | |
|-----------------------------|--|
| 1. <input type="checkbox"/> | Make sure all previous employment sections are filled out completely, including complete addresses with zip codes, and Supervisor's first and last name. Please also include a contact phone number. |
| 2. <input type="checkbox"/> | Three references (Not previous employers), including first and last name and complete addresses with zip codes. Please also include a contact phone number. |
| 3. <input type="checkbox"/> | Sign and date the application on the last page. |
| 4. <input type="checkbox"/> | Make sure the "Pre-Employment Inquiry Release" is fully completed and signed. |
| 5. <input type="checkbox"/> | Make sure the "Waiver of Personal and Police Records Consent for Medical Exam with Alcohol and Drug Screening" is fully completed, signed, <u>and notarized.</u> |

Along with your fully completed application, please include copies of the following items:

| | |
|-----------------------------|---|
| 1. <input type="checkbox"/> | Ohio State issued card for: EMT or EMT-P Certification (EMT Minimum). |
| 2. <input type="checkbox"/> | Ohio State issued card for: Fire Fighting Certification (FF-1 Minimum). |
| 3. <input type="checkbox"/> | Emergency Vehicle Operations Certificate (If completed). |
| 4. <input type="checkbox"/> | NIMS ICS-100, 200, and 700 Certificate (If completed). |
| 5. <input type="checkbox"/> | High School Diploma or High School equivalency. |
| 6. <input type="checkbox"/> | Current Valid Driver's License. |
| 7. <input type="checkbox"/> | BLS/CPR and ACLS course completion certificates. |
| 8. <input type="checkbox"/> | If you have successfully completed the Cuyahoga Community College Firefighter's Agility Test with the last 365 days, please include a copy of the certificate. (Qualifying Time: 7 minutes or less) |

Mission Statement

*To protect the life and property within the limits of Munson Township, by providing fire, emergency medical services, and public assistance.
To operate a safe, well organized managed structure which shall treat all members fairly, and with the highest respect for serving the community.*



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Completed applications and supporting documents can be emailed to:
Employment@munsonfire.org

Alternatively, completed applications and supporting documents can be dropped off at the
Munson Township Fire Station: 12200 Auburn Road, Munson Township, Ohio 44024

HIRING PROCESS

Candidates must be able to successfully complete the following hiring process steps:

- Oral Interview
- Pre-employment background check
- Pre-employment physical including drug screening.
- Documentation that proves you are legally eligible to work in the United States.

AVAILABILITY REQUIREMENTS

Current scheduling includes 12-hour shifts (08:00-20:00, 20:00-08:00)

Each member is required to submit availability to work at least 36 hours per month, 12 of which must be on a weekend (Friday 20:00 – Sunday 20:00)

BENEFITS

- Overtime on designated holidays.
- Uniforms and safety equipment.

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MUNSON FIRE DEPARTMENT

Application for Employment



APPLICANT INFORMATION

| | | | |
|---|------------------------------|-----------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | | | Apartment/Unit # |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

REFERENCES

Please list three references.

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

PREVIOUS EMPLOYMENT

| | | | |
|---|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as, claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

| | | |
|------------------------|------------------|--------|
| Print Full Name: | | |
| Social Security #: | Date of Birth** | |
| Current Address: | | |
| City, State & Zip: | | |
| Driver's License No.: | Expiration Date: | State: |
| Applicant's Signature: | | |
| Prospective Employer: | | |

**Date of birth is being requested in order to obtain accurate retrieval of records.

**WAIVER OF PERSONAL AND POLICE RECORDS
CONSENT FOR MEDICAL EXAM WITH ALCOHOL AND DRUG SCREENING**

I realize that the Munson Fire Department will be making inquiries of other agencies, including school authorities, prior employers, credit agencies, personal references and Law Enforcement Agencies with whom I may have an arrest or conviction record, etc., to provide information about me which the Munson Fire Department desires. I hereby give my permission and waive all provisions of law forbidding any agency, including school authorities, prior employers, credit agencies, personal references, courts, Sheriff's Departments, Police Departments and other Law Enforcement Agencies including the Ohio Bureau of Identification and Investigation, etc. from disclosing any knowledge or information they have concerning me which is requested or desired by the Munson Fire Department. I further consent and request the Chief of the Munson Fire Department or his representative, be provided with a copy of any such information or record concerning me which they desire.

I recognize the right of the Munson Fire Department to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and the information obtained therefrom.

I hereby give my consent to the Munson Fire Department and/or assigned laboratory to collect blood, urine, or saliva samples from me to determine the presence or use of alcohol or drugs. I further consent to the release of the results and other relevant medical information to the Munson Fire Department for appropriate review. I understand that the test results will be released to me at my request. I understand that a confirmed finding of the presence or use of alcohol or illegal drugs will disqualify me for employment with the Munson Fire Department.

(Signature)

State of)
County of) SSN:

Before me appeared the above signatory _____ who acknowledges that he/she did understand the above waiver, release and consent that such signing was the free act and deed of said applicant.

Sworn to before me this _____ day of _____, 20____ at

Notary Public

(SEAL)