



Berne Township Fire Department

5872 Sugar Grove Rd
Sugar Grove, OH 43155
Phone: (740) 746-8244
Email: firechief@bernetownship.org



The Berne Township Fire Department is a township fire department, owned and operated by the residents of Berne Township, Fairfield County, Ohio. The department is primarily self-governed with the Fire Chief and his/her designee(s) having final approval on decisions made within the department. The Fire Chief is an employee of Berne Township who has been appointed by the Township Trustees. The Fire Chief is ultimately responsible for all aspects of the department and reports directly to the Berne Township Trustees who have the authority to override any decision made by the Fire Chief, his/her designee(s), and its members.

As a prospective new member, you and your application will go through a screening process that will include, in part, the following:

1. **REVIEW COMPLETED APPLICATION** – The application must be completely filled out. Incomplete applications will be denied. Reference page 3 of the *FD Application* for required documents.
2. **PANEL INTERVIEW** – Interviews will be scheduled and conducted as departmental needs dictate. Results will be presented to the Fire Chief. All applications will be kept on file for a period of one year after submission.
3. **FIRE CHIEF REVIEW** – At the discretion of the Fire Chief, additional interviews may be requested or required prior to employment. Additionally, the Fire Chief may request that the candidate completes a physical examination by a licensed medical provider. Results will be presented to the Fire Chief and / or Township Trustees.
4. **TRUSTEE REVIEW** – The candidate’s application, interview results, panel recommendations, and any additional or supplemental documentation will be presented to the Berne Township Trustees. The Trustees will vote to approve or deny the presented request. Once approved or denied, the candidate will receive notification via phone call or mailed letter.
5. **NEW HIRE PAPERWORK** – Upon appointment, the employee will complete all documents required by local, state, and federal laws; additionally, the employee will be provided specific documents and information pertaining to the Berne Township Fire Department and its operations. The employee will initiate their one-year probationary period, beginning on the date of hire.

The township has a zero-tolerance policy for alcohol and illegal drug use. You will be subject to random drug and alcohol testing. Additionally, Failure to take or pass a drug, alcohol test will be grounds for immediate termination of your employment with the Berne Township Fire Department. Furthermore, providing false information on any application, form, or document may be grounds for immediate termination of your employment with the Berne Township Fire Department.

I have read and understand the requirements and instructions listed above:

Signature: _____ Date: ____ / ____ / ____

Berne Township Employment Application

An Equal Opportunity Employer

Berne Township is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information:

Applicant Name _____ Home Phone _____

Cell Phone _____ Email Address _____

Current Address: _____

City _____

State & Zip _____

How were you referred to Berne Township? _____

Employment Positions:

Position(s) applying for: _____ Salary desired _____

Are you applying for:

- Regular part-time work? Y or N
- Regular full-time work? Y or N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you available to work overtime? Y or N

Ohio Driver's License Number: _____

Do you have a CDL? Y or N Class _____ Restrictions _____

Personal Information:

Have you ever applied to/worked for Berne Township before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Berne Township? Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If hired, can you present evidence that you legally can work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed

Have you ever been convicted of any crime? Y or N

If yes, please describe the offense and conviction. _____

Note: BERNE TOWNSHIP complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Education, Training and Experience:

High School:

School name: _____

Address of school city, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

College / University:

School name: _____

Address of school city, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Military:

Branch: _____ Rank in Military: _____

Total Years of Service: _____

Skills/Duties _____

Related details: _____

PREVIOUS EMPLOYMENT / REFERENCES --- PLEASE ATTACH LIST TO APPLICATION

FIRE DEPARTMENT APPLICANTS - MUST PROVIDE THE FOLLOWING:

- 1. Copy of current driver's license*
- 2. Copy of proof of auto insurance*
- 3. Copy of high school diploma or equivalent*
- 4. BCI Criminal Report through Fairfield County Sheriff Office*
- 5. Copy of BMV Driver's Abstract*

HAVE YOU TAKEN A STATE CERTIFIED COURSE IN THIS STATE OR ANY OTHER STATE, OR TAKEN A BASIC OR ADVANCED COURSE OF STUDY IN ANY OF THE FOLLOWING?

Certification

FF level _____ STATE _____ EXP. DATE _____

EMS level _____ STATE _____ EXP. DATE _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Berne Township, that such employment with Berne Township is at will, for no specified duration and may be terminated by Berne Township or its representatives at any time, with or without cause or notice.

I understand that none of the documents, policies, procedures, actions, statements of Berne Township or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Berne Township has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements.

In consideration for employment with Berne Township, if employed, I agree to conform to the rules, regulations, policies and procedures of Berne Township at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Berne Township business, attendance and punctuality are considered essential requirements of every job at Berne Township and that poor attendance or tardiness will result in disciplinary action. I understand that if offered a position with Berne Township, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment.

I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Berne Township and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any & all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.
BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of applicant

Date



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Supplemental Application Form

Previous Employment:

Provide employer information for the past 5 (five) years; please attach additional pages as needed.

Employer: _____

Address: _____

Phone #: _____ Direct Supervisor Name: _____

Position(s) Held: _____

Dates Employed: _____ to _____ May we contact? [] Y or [] N

Employer: _____

Address: _____

Phone #: _____ Direct Supervisor Name: _____

Position(s) Held: _____

Dates Employed: _____ to _____ May we contact? [] Y or [] N

Employer: _____

Address: _____

Phone #: _____ Direct Supervisor Name: _____

Position(s) Held: _____

Dates Employed: _____ to _____ May we contact? [] Y or [] N



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References:

Provide information for 3 references; please attach additional pages as needed

Name: _____

Relationship to Applicant: _____

Phone #: _____

Name: _____

Relationship to Applicant: _____

Phone #: _____

Name: _____

Relationship to Applicant: _____

Phone #: _____

Training / Certification Information

Please use the space below to list or describe any other certifications or training that may be considered pertinent to the position applying for; provide copies of certificates or supporting documentation as applicable:



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Background Check Request Form

Please accept this letter as confirmation that the individual listed below is applying for the position (s) of FF/EMT/Paramedic with the Berne Township Fire Department. We request that a full background check, including fingerprinting, be completed for both Fairfield County and BCI/Bureau of Criminal Investigations.

All associated fees shall be paid by the applicant at the time of submission to your office.

Applicant Name: _____ SSN: _____

Applicant Signature: _____ Date: _____

PLEASE MAIL RESULTS TO:

*Berne Township Fire Department
Attn: Hiring Committee
5872 Sugar Grove Rd
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Emergency Information Form

Personal Information

Name _____ Unit # _____

SSN _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Medical Information

Blood Type _____ Organ Donor [] Y or [] N

Physician _____ Phone _____

Medical History _____

Allergies _____

Medications _____

Emergency Contact

Name _____

Relationship _____ Phone _____

Attach additional pages if more space is needed