



# APPLICATION FOR EMPLOYMENT

Date Submitted –  
Date Approved by Fireboard -

Dear prospective employee:

Thank you for applying for a position with the Big Walnut Joint Fire District. Your application will receive careful consideration. To help us in doing this, please complete all of the questions on the following pages.

The Big Walnut Joint Fire District is an equal opportunity employer. All applications will be considered without regard to race, color, sex, marital status, creed, national origin, age, or veteran status.

## Personal Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email address \_\_\_\_\_ Primary# \_\_\_\_\_

Are you a US citizen or an alien who has the legal right to work in the job for which you are applying? \_\_\_\_ Yes \_\_\_\_ No

Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

## Education and Skills

High School attended: \_\_\_\_\_  
Graduated \_\_\_\_ Yes \_\_\_\_ No GED \_\_\_\_ Yes \_\_\_\_ No

College or Technical School: \_\_\_\_\_

Please list any special skills or qualifications that you may have:

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Do you have a current firefighter's certificate? \_\_\_\_ Yes \_\_\_\_ No

Do you have a valid Ohio Driver's License which is not suspended or has been revoked?  
\_\_\_\_ Yes \_\_\_\_ No if yes, please list date of violation(s) and number of points.

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\*Please include a copy of all above listed certificates/cards with your application.

**WORK EXPERIENCE** (List in chronological order starting with most current)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Promotions: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No

Why did you leave? \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Promotions: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No

Why did you leave? \_\_\_\_\_

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WORK EXPERIENCE (Cont.)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Promotions: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No

Why did you leave? \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Promotions: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact?  Yes  No

Why did you leave? \_\_\_\_\_

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**BACKGROUND INFORMATION**

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_ Yes \_\_\_\_ No if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently under indictment or are you currently a defendant in any criminal proceedings? \_\_\_\_ Yes \_\_\_\_ No if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of indictment or pending charge:\_\_\_\_\_

Location of indictment or pending charge:\_\_\_\_\_

(Note:The employer will only consider specific crimes related to the position applied for)

Are you a US citizen? \_\_\_\_ Yes \_\_\_\_ No

**REFERENCES** Please list three people (not related) who have known you for at least one year.

1. Name:\_\_\_\_\_ Phone#\_\_\_\_\_

How they know you\_\_\_\_\_

2. Name:\_\_\_\_\_ Phone#\_\_\_\_\_

How they know you\_\_\_\_\_

3. Name:\_\_\_\_\_ Phone#\_\_\_\_\_

How they know you\_\_\_\_\_

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug and/or alcohol testing. \_\_\_\_initials
  
2. If employed, I understand there are mandatory functions that I may be required to complete. \_\_\_\_initials
  
3. I understand and accept that any information required in this application is found to be falsified or intentionally excluded; my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including dismissal, if any information required by this application has been falsified or intentionally excluded. \_\_\_\_initials
  
4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, due to the nature of the position I am applying for will constitute an extensive background investigation of any criminal or unlawful activity. \_\_\_\_initials

*I solemnly swear of affirm that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application. I understand that any misrepresentation or falsification may lead to the withdrawal of any employment offer or dismissal of employment. I also recognize that my future employment with the employer will be jeopardized if I engage in substance abuse.*

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Applicant's Signature

Date