

Application for Employment Jefferson Twp Fire/EMS

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Fire Department Applied For					
Position Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Numbers (<i>Home, Pager, Work</i>)			Social Security Number		

Email Address: _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you related to any current employee(s)? Yes No
 If Yes, give name(s): _____

If hired, are you willing to work overtime? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Do you have a valid Ohio driver's license? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Can you provide required proof of your eligibility to work? Yes No

Are you physically or other wise unable to perform the duties of the job for which you are applying? Yes No

Have you ever been discharged from a job? Yes No
Discharge will not necessarily disqualify an applicant from employment

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Education

School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe Course of Study												
Describe any Honors Received												

Fire and EMS Related Training <i>Please Attach Copies of Certification Cards to Application</i>			
EMT	Year Completed:	Certification Number:	Institution/ Location:
Paramedic	Year Completed:	Certification Number:	Institution/ Location:
Firefighter II	Year Completed:	Certification Number:	Institution/ Location:
Firefighter: Other Level:	Year Completed:	Certification Number:	Institution/ Location:
HazMat	Year Completed:	Certification Number:	Institution/ Location:

Describe any specialized training or qualifications you have relating to the position applied for

Describe any computer skills you possess, including software and hardware experience

Indicate any foreign languages (including American Sign Language) you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Employment Experience

Start with you present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer #1		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #2		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #3		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #4		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.

If there are any employers not listed above whom you do not wish contacted, briefly explain why: _____

<p>List professional, trade, business or civic activities and offices held.</p> <p><i>You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:</i></p> <hr/> <hr/>

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. ___ Yes ___ No

References *(Give name, address and telephone number of three references who are not related to you & are not previous employers)*

- | | | |
|----|-----------------|---------|
| 1. | _____ | _____ |
| | (Name) | Phone # |
| | _____ | |
| | (Email Address) | |
| 2. | _____ | _____ |
| | (Name) | Phone # |
| | _____ | |
| | (Email Address) | |
| 3. | _____ | _____ |
| | (Name) | Phone # |
| | _____ | |
| | (Email Address) | |

Additional Requirements:

1. Attach copies of the following: highest fire certification, highest EMS certification, CPR card, driver's license, proof of auto insurance card, and social security card. Applicant must also complete and return the **"Release and Consent Form"** which will allow Jefferson Township to complete a driver's background check.
2. Applicant must submit to a *State of Ohio BCI Background Check*. This document can be obtained from the Fayette County Sheriff's Office, 1500 Robinson Road SE, Washington CH, Ohio 43160, Call the Non-Emergency Number to schedule a appointment 740-335-6170. The applicant is responsible for these fees and will not be reimbursed. On-line background checks will not be accepted. It is recommended that you return the *Application for Employment* ASAP, to allow administrative staff to complete reference checks while you are waiting for your background check results. It will take at least 10-20 days for the *BCI Background Check* to be processed.

Applicant's Statement

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize investigation of all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provisions and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within the space.
3. I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. I release consortium member departments, their authorized agents, and their employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.
5. This application for employment shall be considered active for a period of one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

Investigation Authorization

I understand that as a condition of my employment I will be required to undergo a driver's background check, and I authorize such investigations to be conducted.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	_____ _____
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment _____
Job Title	_____ Hourly Rate/Salary _____ Dept. _____
By	_____
NAME AND TITLE	DATE

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