

# 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

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

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

<b>Describe any specialized training or qualifications you have relating to the position applied for</b>

<b>Describe any computer skills you possess, including software and hardware experience</b>

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

# 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.

<b>Employer #1</b>		<b>Dates Employed</b>		<b>Worked Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer #2</b>		<b>Dates Employed</b>		<b>Worked Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer #3</b>		<b>Dates Employed</b>		<b>Worked Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer #4</b>		<b>Dates Employed</b>		<b>Worked Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				<b>May We Contact?</b> <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><b>List professional, trade, business or civic activities and offices held.</b></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/>
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# 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 # |
|    | _____     | _____   |
|    | (Address) |         |
| 2. | _____     | _____   |
|    | (Name)    | Phone # |
|    | _____     | _____   |
|    | (Address) |         |
| 3. | _____     | _____   |
|    | (Name)    | Phone # |
|    | _____     | _____   |
|    | (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, 113 E. Market Street, 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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