American Township
Fire Department

Application For Employment

Personal

Full Name _____

Date _____ Phone Number _____

Social Security Number _____-_____-_____

Address _____

Are you legally eligible for employment in the U.S.A.? Yes ____ No ____
If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes _____ No _____

Position Applied For _____

Date that you will be available for work _____

Have you ever been convicted of a major crime (felony) in the past?
Yes _____ No _____
If yes, please give the conviction date and nature of the offense. (Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by court) _____

_____

Supplemental Information
Upon submission of your application, copies of the following items must be included with your completed application:

1. Valid State of Ohio Driver's License
2. Social Security Card
3. Hepatitis Vaccination Records
4. State of Ohio EMS Certification
5. State of Ohio Fire Certification
6. Any other relevant Fire/EMS Certifications

RECORD OF EDUCATION AND TRAINING

Last High School Attended _____
Year of Graduation _____

College Attended _____
Degree Yes No If yes, type of degree _____

Vocational Education _____
Degree _____

Emergency Medical Certifications:

Certification	State	Exp. Date	National Registry
_____			yes no
_____			yes no
_____			yes no
_____			yes no

Fire Service Certifications:

Certification	State	Exp. Date
_____		
_____		
_____		
_____		

Can You Operate a pumper? Yes No
Can You Operate An Aerial? Yes No
Can You Operate a Quint? Yes No
Have you ever attended a driver's training course related to emergency apparatus Operations? Yes No If yes, explain _____

_____

EMPLOYMENT HISTORY

LIST BELOW PRESENT AND PAST EMPLOYMENT,
BEGINNING WITH THE MOST RECENT

Name of Business _____

Address _____ Telephone _____

Starting Date _____ Ending Date _____ Position _____

Current Salary _____ Supervisor _____

Reason For Leaving _____

Name of Business _____

Address _____ Telephone _____

Starting Date _____ Ending Date _____ Position _____

Current Salary _____ Supervisor _____

Reason For Leaving _____

Name of Business _____

Address _____ Telephone _____

Starting Date _____ Ending Date _____ Position _____

Current Salary _____ Supervisor _____

Reason For Leaving _____

PERSONAL REFERENCES

Please list three personal references and contact information for each. References should not be former employers or relatives.

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

Where should we telephone you to follow up on this application? _____
What is the best time to reach you? _____
May we telephone you to follow up on this application at work? Yes No

Please Read and Sign Below

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Township Trustees has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only by Resolution in a Trustee meeting.

_____ _____
Signature of Applicant Date