

## 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

## 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:

<u>Certification</u>	<u>State</u>	<u>Exp. Date</u>	<u>National Registry</u>
_____			yes no
_____			yes no
_____			yes no
_____			yes no

### Fire Service Certifications:

<u>Certification</u>	<u>State</u>	<u>Exp. Date</u>
_____		
_____		
_____		

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 \_\_\_\_\_

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Name of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Position \_\_\_\_\_

Current Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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Name of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Position \_\_\_\_\_

Current Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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