



ANDERSON TOWNSHIP FIRE & RESCUE DEPARTMENT

7850 FIVE MILE ROAD

ANDERSON TOWNSHIP, OHIO 45230

www.andersontownshipoh.gov

An Equal Opportunity Employer



PLEASE PRINT OR TYPE

Form with fields: Position Applied For, Date of Application, How Did You Learn About Us, Last Name, First Name, Middle Name, Address, Telephone Numbers, Home, Cellular, Pager, Work, E-Mail Address, Social Security Number.

Have you ever filed an application for employment with us before? [ ] Yes [ ] No
If "Yes", provide date(s): \_\_\_\_\_

Have you ever been employed with us before? [ ] Yes [ ] No
If "Yes", provide date(s): \_\_\_\_\_

Are you related to any current employees? [ ] Yes [ ] No
If "Yes", provide name(s) and relationship (s): \_\_\_\_\_

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

Are you currently employed? [ ] Yes [ ] No
If "Yes", may we contact your current employer? [ ] Yes [ ] No

If hired, on what date would you be available for work? \_\_\_\_\_

Are you prevented from becoming employed in this country because of Visa or immigration status? [ ] Yes [ ] No

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

Are you physically or otherwise able to perform all of the duties of the job for which you are applying? (see job description) [ ] Yes [ ] No

Have you had a TB test within the last year? Yes No
Decline to answer \_\_\_\_\_
If Yes, What Date \_\_\_\_\_

Have you received a complete series of hepatitis-B vaccinations? Yes No
Decline to answer \_\_\_\_\_
If Yes, What Date \_\_\_\_\_

Have you ever been discharged from a job? [ ] Yes [ ] No

Discharge will not necessarily disqualify an applicant from employment

**EDUCATION**

	High School				College / University				Other (Specify)			
<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 &amp; EMS Related Training</b> <i>(Please attach copies of all 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</b>	Year Completed:	Certification Number:	Institution/ Location:
<b>Inspector</b>	Year Completed:	Certification Number:	Institution/ Location:
<b>Haz-Mat</b>	Level:	Certification Number:	Institution/ Location:

<b>Describe any other specialized training or qualifications you possess 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) that 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 most recent employment first)*

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Entity Type (private, township, village, city)				
		Average hrs. worked per week:		
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Typical Shift(s) worked?		

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Entity Type (private, township, village, city)				
		Average hrs. worked per week:		
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Typical Shift(s) worked?		

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Entity Type (private, township, village, city)				
		Average hrs. worked per week:		
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Typical Shift(s) worked?		

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Entity Type (private, township, village, city)				
		Average hrs. worked per week:		
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Typical Shift(s) worked?		

<p>If there are any employers listed above whom you do not wish contacted, briefly explain why:</p> <hr/> <hr/> <hr/>
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**REFERENCES** *(Provide three references that are not related to you which are not previous employers)*

Name	Address	Telephone No.	How Acquainted
Name	Address	Telephone No.	How Acquainted
Name	Address	Telephone No.	How Acquainted

**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.**

<b>In Case Of Emergency, Notify:</b>	
Name	
Address	
Phone Number(s)	Relationship

**\*PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS / INFORMATION TO THIS FORM WHEN RETURNING YOUR APPLICATION**

- 1) Driver’s license;
- 2) Ohio firefighter certification and/or card(s);
- 3) Ohio EMS paramedic/EMT certification and card(s);
- 4) Current Candidate Physical Ability Test (CPAT) or Firefighter Mile
- 5) Current ACLS and BLS card(s);
- 6) Ohio Attorney General background report;
- 7) Social security card, birth certificate or passport;
- 8) All specialty training certifications, cards, etc. which the applicant believes result in his/her being a greater asset to the department (e.g. PALS, PEPP, BTLS, Fire Inspector, EMS/Fire Instructor, etc.).

\* It is preferred that all of the above eight items be returned with the fully-completed Application Packet. However, should an applicant not be able to obtain the previously listed items with the completed Application Packet, s/he may present the items any time prior to the time of testing (i.e. bringing them with applicant to the testing date is permitted. Applicant must arrive with sufficient time to have documents verified). **NOTE:** Any applicant who is missing any one or more of the required items listed above will NOT be permitted to participate in the testing process. The CPAT is required by date of hire.

**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 the Anderson Township Fire & Rescue Department to conduct a thorough 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 provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application forms 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 applications forms, it is because there is no information within its scope.
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, psychological 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 the Anderson Township Board of Township Trustees and Anderson Township Fire & Rescue Department, their employees, their authorized agents, and all other persons, companies and other entities from any and all liability arising out of any physical, psychological or chemical testing or from the taking of any action based on the results of any physical, psychological or chemical testing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date