SOUTH EAST HARDIN NORTHWEST UNION JOINT FIRE DISTRICT

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, marital, or veteran status, the presence of a non-job-related medical condition of disability, or any other legally protected status.

Position applied for:_____ Date:_____

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Employment Agency

☐ Relative ☐ Other_____

Name:_____
Last First Middle

Address:_____
Street City State Zip

Telephone _____ Social Security # _____

Date of Birth:_____ Height: _____ Weight: _____ Hair:_____

Eye Color:_____

Occupation:_____ Where Employed:_____ Working Hours:_____

Family Doctor:_____

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever submitted an application with us before? ☐ Yes ☐ No
If yes, date:_____

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, date:_____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No
(Proof of citizenship or immigration status may be required upon employment)

On what date are you available for on call work?_____

Do you currently posses a valid Ohio Drivers License? ☐ Yes ☐ No

If yes enter Ohio Drivers License Number _____

Has your driver license ever been suspended because you operated a motor vehicle under the influence of alcohol or drugs of abuse? ☐ Yes ☐ No

If yes, please explain:_____

Is there any time you would not be able to answer the alarms?_____

How long have you resided within the fire area of this department?_____

How long do you plan to reside within this fire area? _____

Would you attend regular meetings?_____

Would you take all the training and schooling presented by the department? _____

Would you give time and skill to better the department without pay when asked to do so?_____

Will you submit to this department a report of a physical examination by a medical doctor before your probationary period is up? _____

Education

	High School or GED	Undergraduate College/University	Graduate / Professional
School Name and Location			
Years Completed			
Diploma / Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			
State any additional information you fell may be helpful to us in considering your application			

References

List three work related references, not related to you, preferably in a supervisory role

Name *Telephone Number* *Position* *Years Known*

1 _____

2 _____

3 _____

List any relatives presently employed by the SE Hardin NW Union Joint Fire District, and state how you are related

_____

_____

_____

General Information Inquiry

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES" PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER. BE COMPLETED AND INCLUDE DATES IF APPLICABLE.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? _____

HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSE? _____

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? _____

HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF A FELONY OR A MISDEMEANOR? _____

ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL OR CIVIL ACTION? _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? _____

HAVE YOU EVER BEEN ARRESTED FOR CHILD MOLESTING? _____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT? _____

HAVE YOU EVER LIVED OUTSIDE OF OHIO? (IF YES LIST DATES, CITY, STATE AND COUNTY/PARISH) _____

HAVE YOU EVER LIVED OUTSIDE THE U.S.? (IF YES LIST DATES, COUNTRY, AND CITY) _____

DO YOU NOW OR HAVE HAD A DRIVERS LICENSE IN OHIO OR ANOTHER STATE? _____

HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE IN OHIO OR ANOTHER STATE? _____

LIST ALL ACCIDENTS IN WHICH YOU WERE A DRIVER

DATE:________________ LOCATION:____________________

POLICE AGENCY THAT INVESTIGATED THE INCIDENT:__________________________________

WAS A CITATION ISSUED TO YOU:________FOR WHAT:________________________

DATE:________________ LOCATION:____________________

POLICE AGENCY THAT INVESTIGATED THE INCIDENT:__________________________________

WAS A CITATION ISSUED TO YOU:________FOR WHAT:________________________

DATE:________________ LOCATION:____________________

POLICE AGENCY THAT INVESTIGATED THE INCIDENT:__________________________________

WAS A CITATION ISSUED TO YOU:________FOR WHAT:________________________

DATE:________________ LOCATION:____________________

POLICE AGENCY THAT INVESTIGATED THE INCIDENT:__________________________________

WAS A CITATION ISSUED TO YOU:________FOR WHAT:________________________

LIST ALL CITATIONS YOU HAVE RECEIVED FOR MOVING VIOLATIONS

DATE:________________ LOCATION:____________________

CHARGE:________________ DISPOSITION:____________________________

DATE:________________ LOCATION:____________________

CHARGE:________________ DISPOSITION:____________________________

DATE:________________ LOCATION:____________________

CHARGE:________________ DISPOSITION:____________________________

DATE:________________ LOCATION:____________________

CHARGE:________________ DISPOSITION:____________________________

Applicant's Statement

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete, and understand the omission and/or misrepresentation of any fact from the application or any interview may be cause for immediate dismissal. I hereby authorize the District to obtain reference information concerning the misrepresentation of any fact given on this application or during any interview and release all persons from liability in so doing.

If hired, I agree to abide by all District rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of the District or me. I further understand that no representation, whether oral or written, by any representative or agent of the District, at any time, can constitute a contract of employment. I understand the District shall have the maximum discretion permitted under law to administer, interrupt, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms of conditions of employment.

Employment will be terminated if you fail to pass your 36 hour basic fire fighter test after 3 tries or one year after completion of the class whichever comes first.

All fire fighters after 2011 will be required to complete 18 hours training per year for a total of 54 hour each 3 year to retain their fire fighter card failure to retain a current certification card will be grounds for termination.

Any officer, member, or employee of the department shall be subject to dismissal for conviction of any felony under the law of the United States, the State of Ohio or any other state.

SIGNATURE OF APPLICANT:_____

DATE:_____

PERSONAL INQUIRY WAIVER

I respectfully request and authorize you to furnish the Southeast Hardin Northwest Union Joint Fire District any and all information you may possess concerning me, my work record, my reputation, my criminal history and my financial and credit status.

Please include any and all discipline, physical, and medical records and reports, arrests records and reports, traffic and misdemeanor citations, and felony arrests or indictments, including all information of a confidential or privileged nature, and copies of the same if requested.

I furthermore agree to release and hold harmless any agency or individual who furnishes this information to the Southeast Hardin Northwest Union Joint Fire District, and I understand that this inquiry is to be used by them for the purpose of determining my qualifications and fitness for the position I am seeking with them.

Photocopies of this waiver are intended to have the same power and effect as the original bearing my signature.

DATE:_____

PRINT NAME OF APPLICANT:_____

SIGNATURE OF APPLICANT:_____

DATE:_____

PRINT NAME OF WITNESS:_____

SIGNATURE OF WITNESS:_____