



# Fire Department Employment Application

*We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.*

***Please Print***

Last Name	First Name	Middle Name
Address <i>Number &amp; Street</i>	City	State <span style="float: right;">Zip Code</span>
Telephone Number	Social Security Number	
Position Applying for: (Circle One)	EMT	Paramedic
Other (Please List)		

- Have you ever filed an application with us before?  Yes  No  
 If Yes, give date: \_\_\_\_\_
- 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
- Can you provide required proof of your eligibility to work?  Yes
- Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment*
- If Yes, please explain: \_\_\_\_\_

# 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>												

# Employment Experience

Start with your 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, handicap or other protected status.

<b>1.</b>	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving					
<b>2.</b>	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			From	To	
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving					
<b>3.</b>	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			From	From	
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving					

List any computer skills or other special skills you possess:

**References**

Give name, address and telephone number of three references who are not related to you.

1.

2.

3.

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**In Case of Emergency, Notify:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**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 you 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 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 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 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 Sycamore Township Department, 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.

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

\_\_\_\_\_  
Date

## **Investigation Authorization**

I understand that as a condition of my employment I will be required to produce a local criminal background check and a copy of my driving record from my insurance company. I also understand that I will be required to take a drug and alcohol test prior to my employment.

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

\_\_\_\_\_  
Date

### **EMPLOYMENT APPLICATION ADDENDUM**

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

Copies of the following items:

- Driver's License
- All State Certifications (EMT / Fire, Etc.)

**We will contact you by Email with some standard questions. Please provide us with your Email Address. This will speed up the process considerably. Please Print Clearly:**

**\*\*\*Will you agree to accept messages from us by text? YES NO**

**If Yes, please provide a cell number to reach you: \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

***PLEASE PRINT:***

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE**