Application for Employment

Sycamore Township Fire Department

Fire Department Applied For	
Position Applied For	Date of Application

Last Name	First Name	Middle Name	
Address / Number & Street	City	State	Zip Code

Telephone Number / Home / Mobile / Work	Social Security Number
Email Address:	

Have you ever filed an application with us before? No If Yes, Give Date

Have you ever been employed with us before? No If Yes, Give Date

Are you related to any current employee(s)? No If Yes, Give Name

Are you currently employed? Yes

May we contact your present employer? Yes

What date would you be able to work?

Do you have a valid Ohio Driver's License? Yes Other State?

Are you physically or otherwise unable to perform the duties of the job for which you are applying? No

Have you been discharged from a job? No

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Education

	High School	College/University	Other (Specify)
School Name & Location			
Years Completed			
Diploma / Degree			
Describe Course of Study			
Describe Honors Received			

Fire & EMS Related Training

EMT	Year Completed		Certification #	Institution/ Location
Paramedic	Year Completed		Certification #	Institution/ Location
Firefighter 1A	Year Completed		Certification #	Institution/ Location
Firefighter Other	Level	Year Completed	Certification #	Institution/ Location
HazMat	Level	Year Completed	Institution/ Location	

Describe any other specialized training or qualifications you have relating to the position applied for

Describe any computer skills you possess, including software and hardware experience

Indicate any foreign languages (including American Sigh Language) you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

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1.

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
Telephone #				
Job Title	Supervisor	Hourly Rate/Salary		
		Start	Finial	
Reason for Leaving				May We Contact? No

2.

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
Telephone #				
Job Title	Supervisor	Hourly Rate/Salary		
		From	To	
Reason for Leaving				May We Contact? No

3.

Employer		Dates Employed		Describe Work Performed
		From	To	
Address				
Telephone #				
Job Title	Supervisor	Hourly Rate/Salary		
		From	From	
Reason for Leaving				May We Contact? No

4.

Employer		Dates Employed		Describe Work Performed
		From	From	
Address				
Telephone #				
Job Title	Supervisor	Hourly Rate/Salary		
		From	From	
Reason for Leaving				May We Contact? No

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If there are any employers listed above whom you do not wish contact, briefly explain why:

References	Relation	Home Phone	Mobile Phone
1.			
2.			
3.			

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

In Case of Emergency, Notify:

Name:

Address:

Phone Number: Relationship:

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 through 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 the scope.

3. I understand and agree that, if employed by this organization: I will abide by its rule and regulations which I understand are subject to change.

4. I understand that a physical examination and a chemical test for the present 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 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.

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Applicant's Statement

Signature of Applicant Date

Investigation Authorization

I understand that as an applicant for this position I am required to produce a local criminal background check and a copy of my driving record from any insurance company. I also understand that these documents must be submitted with my employment application.

Signature of Applicant Date

Please submit the following document / information with the application form:

- Driver's License Without Application
- Local criminal background check With Application
- Driving record from insurance company With Application
- Ohio Firefighter II certification card Without Application
- Ohio EMS certification card Without Application
- Current ACLS card Without Application
- Specialty cards (PALS, BTLS, Fire Safety Inspector) With Application
- HazMat certifications
- NIMS certifications (100, 200, 700 and 800) With Application
- One of the following: Social Security Card, Birth Certificate or Passport. None of the Above

Email Application to Chief: kthoreson@sycamoretownship.org