

Education

School Name and Location	High School				College/University				Other (Specify)			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree												
Describe Course of Study												
Describe Any Honors Received												

Fire and EMS Related Training				<i>Please Attach Copies of Certification Cards to Application</i>			
EMT	Year Completed:	Certification Number:	Institution/Location:				
Paramedic	Year Completed:	Certification Number:	Institution/Location:				
Firefighter 1A	Year Completed:	Certification Number:	Institution/Location:				
Firefighter, Other	Level:	Year Completed:	Certification Number:	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 Sign Language) you can speak, read and/or write	Fluent	Good	Fair
Speak			
Read			
Write			

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.

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

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

References

Give name, address and telephone number of three references who are not related and are not previous employers.

1.
2.
3.

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

Signature of Applicant

Date

EMPLOYMENT APPLICATION ADDENDUM

PLEASE SUBMIT THE FOLLOWING DOCUMENTS/INFORMATION WITH THE APPLICATION FORM:

- Resume and Cover Letter

Copies of the following items:

- Driver's License
- Local criminal background check
- Driving record from insurance company
- Ohio Firefighter II certification card
- Ohio EMS certification card
- Current ACLS card
- Specialty cards (i.e., PALS, BTLS, Fire Safety Inspector)
- HazMat certifications
- NIMS certifications (NIMS 100, 200, 700 and 800)
- One (1) of the following: Social Security card, birth certificate or passport.