



# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

ODPS cert. #: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License : \_\_\_\_\_

Days / hours avail: \_\_\_\_\_

Check which certification you have:

EMT  Paramedic  FF/I  FF/II

Check which previous experience you have:

EMS  Firefighter  Both

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this department? YES  NO  If so, when? \_\_\_\_\_

Are you 18 years of age or older? YES  NO

Have you ever been convicted of a crime other than a traffic violation? YES  NO

If yes, explain: \_\_\_\_\_

Do you have any public employee files or personal files available for our review? YES  NO

Are there any files or records that have led to disciplinary action taken against you? YES  NO

Are there any file or records against you that did not led to disciplinary action against you? YES  NO

Have you ever had any complaints filed against you? YES  NO

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



**References**

**Please list three professional references.**

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Previous Employment (must list all EMS / Fire employment, private and public)**

**Company:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Starting Salary:** \$ \_\_\_\_\_ **Ending Salary:** \$ \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact your previous supervisor for a reference?**    YES    NO  
       

**Company:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary:** \$ \_\_\_\_\_ **Ending Salary:** \$ \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact your previous supervisor for a reference?**    YES    NO  
       

**Company:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary:** \$ \_\_\_\_\_ **Ending Salary:** \$ \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact your previous supervisor for a reference?**    YES    NO



Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Agreement, Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release, regardless of time of discovery. I understand that all the information on the application is subject to verification and I consent to a criminal history background check.*

- A records check will be performed to verify all statements contained in this application;
- Any false or misleading information given in my application may result in termination;
- I shall complete FF I and / or EMT training within one year of appointment;
- I shall abide by all rules and regulations set forth in the Township and Department policy manuals;
- I shall participate in cleaning, maintenance, and other activities essential to the daily operations;
- I understand that I serve at will and may be dismissed or may resign at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, private, city, county, state, and federal entities to release, furnish and exchange, any and all available information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior, and fitness for duty. This authorizes release to the MAD RIVER TOWNSHIP TRUSTEES and / or the MAD RIVER TOWNSHIP FIRE AND EMS DEPARTMENT. This release is in addition to, and not intended to curtail or diminish the authorization and immunity provided by statute. I do hereby release from any liability, all persons or entities disclosing information pursuant to this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Drug / alcohol use and procedures to consent to testing

As a condition of continued employment or service to the Mad River Township Fire and EMS Department, I understand and agree that I must not use, buy, sell, accept as a gift, experiment with, traffic in or be otherwise involved with illicit or inappropriate drugs or alcohol when it could affect the safe performance of my job. I understand that the policy does not apply to medication properly taken as prescribed by a licensed physician.

I further understand and agree that I may be required to submit to testing for the detection of prohibited substances or alcohol based upon suspicion, following an accident or injury, upon initial employment,



periodically, and on a random basis. I further understand that refusal to submit to testing when requested to do so by a supervisor will result in discipline up to and including termination.

My signature below indicates my understanding of this policy and what is expected of me, my consent to be tested and my authorization to release any collection site personnel, medical review officer or employer representative the information necessary to comply with this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS**

Fire Chief \_\_\_\_\_ Date: \_\_\_\_\_

Twp. Fiscal Officer \_\_\_\_\_ Date: \_\_\_\_\_

Appointment by Twp. Trustees \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please email all applications by clicking the link: [j.heath@madriverrfireandems.org](mailto:j.heath@madriverrfireandems.org)**

**FORM A: BACKGROUND CHECK NOTICE TO APPLICANT**

Employment with the Mad River Township requires that an individual’s past history be investigated to determine whether the person can qualify for consideration for employment. The purpose of this notice is to inform you that we will be conducting a pre-employment background investigation in conjunction with your application for employment with Mad River Township. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- Credit History
- DMV Record
- Criminal Convictions
- Prior Employment History
- Educational History
- Date of Birth

As part of this investigation, the Mad River Township or a designee may obtain a consumer report (e.g. credit history, criminal history, driving history, etc.) from a Consumer Reporting Agency. The Mad River Township may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

In accordance with the Fair Credit Reporting Act (15 U.S.C. 1681 et. seq.) you will be notified in writing before the Township makes any adverse employment decision, which is based in whole or in part on the consumer report.

By executing the Authorization From Applicant to Obtain Consumer Report, you authorize the Company to obtain this consumer report. If you wish to receive a copy of the report, please include your address below. This notice and authorization is in accordance with the Fair Credit Reporting Act.

Notice Received by \_\_\_\_\_

Date: \_\_\_\_\_

**FORM B: AUTHORIZATION FROM APPLICANT TO OBTAIN CONSUMER REPORT**

This release and authorization acknowledges that the Mad River Township or a designee may now, or at any time while I am employed, contact personal references, conduct a verification of my education and licenses/certifications, employment/work history, credit history, motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to make employment decisions pursuant to the Mad River Township Policies. I understand and authorize the Mad River Township or a designee to use employment verification, criminal background check, credit history check or other to verify and provide information to the Mad River Township or a designee regarding my education, employment history, motor vehicle record, criminal history, credit history, etc. I authorize the Mad River Township's staff and/or vendors and any of their associates, to disclose orally and in writing the results of this verification process to the designated authorized representative of Mad River Township. I understand that the Mad River Township may at its discretion change the vendor and this release will remain in effect.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, schools, current and former employers and other organizations and agencies to provide the Township's vendors, or its associates with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. I do hereby agree to release and discharge Mad River Township, the employment verification vendor, and their associates to the full extent permitted by the law from any claims, damages, losses, liabilities, costs and expenses or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report. I have been given a summary of my rights under the Fair Credit Reporting Act

**I authorize the Mad River Township to obtain a consumer report for employment purposes.**

**Signature:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I wish to receive a copy of my consumer report at the address below** Yes  No  **Initials** \_\_\_\_\_

Street Address	City	State	Zip Code