



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: chief@madriverfireandems.org