



Mad River Township Fire and EMS Department

260 E. Main Street

P.O. Box 395

Enon, Ohio 45323

Applying for: () Paid On-Call () Part-Paid () Support

NAME: _____
(Last) (First) (Middle) (Maiden Name)

ADDRESS: _____
(Street Address) (City, State Zip)

PHONE NUMBER: _____ Social Security # _____

DATE OF APPLICATION: _____ Driver's License # _____

Previous EMS Experience: Yes _ No _ If yes, Department Name _____

Previous Fire Experience: Yes _ No _ If yes, Department Name _____

ODPS Certification # _____ Level Of Certification(s) _____

Day(s) and Hour(s) of Availability _____

Mad River Twp. Fire & EMS Referral

NAME: _____
(Last) (First) (Position / Title)



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EMPLOYMENT HISTORY

1) Current Employer's Name _____

Address _____ Full-Time Part-Time

Position _____ Phone# _____

Supervisor's Name _____ From: _____ To: _____

2) Current Employer's Name _____

Address _____ Full-Time Part-Time

Position _____ Phone# _____

Supervisor's Name _____ From: _____ To: _____

3) Current Employer's Name _____

Address _____ Full-Time Part-Time

Position _____ Phone# _____

Supervisor's Name _____ From: _____ To: _____

EDUCATION HISTORY

High School & Address: _____ Diploma GED

College(s) & Address: _____

Degree: _____

Training School & Address: _____

Certificate(s): _____



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GENERAL INFORMATION

Have you ever been convicted of a crime? YES _ NO _

If yes, please explain _____

Have you ever been convicted of a felony? YES _ NO _

If yes, please explain _____

Have you been convicted of any traffic related incidents? YES _ NO _

If yes, please explain _____

Have you been refused auto insurance or been in a high risk insurance program?

YES _ NO _

If yes, please explain _____

REFERENCES

1) _____
(Name) (Address) (Phone Number)

2) _____
(Name) (Address) (Phone Number)

3) _____
(Name) (Address) (Phone Number)



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AGREEMENT

I understand the following are requirements and responsibilities of employment:

- A records check may be performed to verify all statements contained in this application;
- Any false or misleading information given in my application may result in dismissal;
- I shall complete FFI and/or EMT training within one year of appointment;
- I shall abide by all rules and regulations as 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.

I attest the facts set forth in this application are true and complete to the best of my knowledge.

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 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 _____

Last 4 Social Security # _____



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DRUG / ALCOHOL USE AND PROCEDURES TO CONSENT TO TESTING

I acknowledge receiving written notice of the existence of the Mad River Township Trustees and the Mad River Township Fire and EMS Department drug and alcohol abuse policy.

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 to any collection site personnel, medical review officer or employer representative the information necessary to comply with this policy.

Signature _____ Date _____

Print name _____

Witness Signature _____ Date _____

Witness Print name _____

APPROVALS

Fire/EMS Chief _____ Date _____

Twp Fiscal Officer _____ Date _____

Approved by the Township Trustees _____ Date _____

(__) Physical (__) Drug Screen (__) Fingerprinting (__) Driving Abstract

Revision: 05/05/2018

NOTE: Please email all applications to. chief@madriverfireandems.org