

Employment Application

		Арр	lleain	t Informati	on					
Full Name:							Date:			
Address:	Last	First				М.І.				
riadiooo.	Street Address					Apartn	nent/Unit #			
-	City					State		ZIP Code		
Phone: ()		_ E-r	mail Addres	s:					
ODPS cert.	#: Socia	al Security No.:				_ Driver's Lic	cense:			
Days / hour	s avail:									
Check which	ch certification you have:									
☐ EMT ☐	Paramedic FF/I FF/II									
Check which	ch previous experience you ha	ave:								
□ EMS □	Firefighter Both									
	-	YES	NO						YES	NO
Are you a c	itizen of the United States?	YES	□ NO	If no, are y	ou aut	horized to w	ork in the U.	S.?		
Have you e	ver worked for this departme			If so, when	า? _					
Are you 18	years of age or older?									
	ver been convicted of a crime a traffic violation?	e YES	NO							
If yes, expla	ain:									
Do you hav	e any public employee files c	or personal files	avail	able for our	review	?	YES	NO		
YES NO Are there any files or records that have led to disciplinary action taken against you?										
Are there a	ny file or records against you	that did not led	l to di	sciplinary a	ction a	gainst you?	YES	NO		
Have you e	ver had any complaints filed	against you?					YES	NO		
			Edi	ucation						
High Schoo	ıl·	ΔA	dress							
-				YES	NO	Dogwood				
	To:	_ , ,				Degree:				
College:			dress	YES	NO					
From:	To:	Did you gradu	ıate?			Degree:				
Other:		Ad	dress	YES	NO					
From:	To:	Did you gradu	ıate?			Degree:				

Please list three professional references.	rences					
Full Name:	Relationsl	hip:				
Company:						
Address:						
Full Name:						
Company:						
Address:						
Full Name:						
Company:						
Address:						
Previous Employment (must list all E				-	·	
Company:		Phone:)		
Address:		Sur	pervisor:			
Job Title: Starting Sala	ary: <u>\$</u>			Ending Salar	y: _	\$
Responsibilities:						
From: To: Reason for Le	aving:	NO				
May we contact your previous supervisor for a reference?						
Company:		Phone:	_()		
Address:		Sup	pervisor:			
Job Title: Starting Sala	ary: \$			Ending Salar	y: _	\$
Responsibilities:						
From: To: Reason for Le						
May we contact your previous supervisor for a reference?	YES	NO				
Company:		Phone:	_()		
Address:		Sur	pervisor:			
Job Title: Starting Sala	ary: \$			Ending Salar	y: _	\$
Responsibilities:						
From: To: Reason for Le	aving:					
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:YES	NO						
May we contact your previous supervisor for a reference?							
Agreement, Disclaimer a	nd 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,							
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: APPROVAL	Date:
Fire Chief	Date:
Twp. Fiscal Officer	Date:
Appointment by Twp. Trustees	Date:

Note: Please email all applications by clicking the link: j.heath@madriverfireandems.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

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DOB:		
Date:		_
eport at the address below Yes	No Initial	S
City	State	Zip Code
	Date:	Date: