

Monroe Township Fire Department
P.O. Box 567
24 South Oregon Street
Johnstown, Ohio 43031
740-967-2976

EMPLOYMENT APPLICATION

Date Completed by Applicant: _____

INDICATE POSITION(S) SOUGHT: ___ FULL-TIME ___ PART-TIME ___ VOLUNTEER

IMPORTANT! Please read the following before completing this form:

This application and supplemental application (if any) must be completed in your own handwriting (or Printed) in ink. A resume may be attached if you desire but only as additional information to this application. Answer all questions. If a question is not applicable to you, enter either "none" or "N/A" as appropriate. Any misrepresentation, falsification or omission is cause for disqualification. If additional space is needed to answer any of the following questions, use a separate sheet of paper and list information in order shown below.

PERSONAL INFORMATION

Name _____
Last First Middle

Have you been known under any other name? **Yes / No** If yes, list other names: _____

Address _____
(Include number, street, city, state, ZIP, and apartment number if applicable)

Daytime telephone number: _____ Evening telephone number: _____

Are you a citizen of the United States? **Yes / No** Email address: _____

EDUCATION

Have you graduated from High School or obtained a GED? **Yes / No**

A copy of your High School Diploma or Certificate must be submitted prior to completion of application process.

College / University attended _____ From _____ To _____

Year Degree received _____ Type of Degree _____

IDENTIFICATION

Driver's License: State of Issue: _____ License # _____ Expiration Date: _____

A copy of your Driver's license must be submitted with this application.

Social Security #: _____

EMPLOYMENT HISTORY

List all full and part time employers for the past five years in reverse order (last employer first). **Do not omit any employers.**

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving if not currently employed _____ Dates: _____

EMPLOYMENT HISTORY (CONT.)

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving _____ Dates: _____

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving _____ Dates: _____

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving _____ Dates: _____

REFERENCES

In the area below, please list the names and other requested information for three people (other than relatives or past employers) whom we may contact for a recommendation. These individuals should be able to speak to your qualifications for this position. (Must include complete mailing address.)

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

CRIMINAL HISTORY

Have you ever been convicted of any violation of Federal, State, County, Township, Municipal, or other governmental law, regulation, resolution, or ordinance? Do you have any pending charges or indictments? **This includes traffic violations. Yes / No**

If yes, explain. _____

Is there any condition that you are aware of which would prevent you from performing the essential functions of the job for which you are applying?

CERTIFICATIONS (Ohio Recognized and attach copies if available)

Type of Certification	Certification Number	Expiration Date	Copy Submitted Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____
Telephone (home) number _____ Pager number _____
Cellular number _____ Telephone (work) number _____

I solemnly swear or affirm that the answers I have made to each and every question in this application, and supplemental application, if applicable, are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, employed me or who has information concerning me from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such information to the authorized representative or agent of the Monroe Township Fire Department.

Applicant's Signature _____ Date _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20__ at _____ Licking County, State of Ohio.

This application must be notarized prior to acceptance by the Monroe Township Fire Department

FOR OFFICE USE ONLY:

Date: _____ Time: _____ Received by _____