

Monroe Township Fire Department Licking County, OH

Job Postings:

The Monroe Township Fire Department is accepting applications for the position of full-time firefighter/paramedic. Applicants must possess both Ohio Firefighter II and Ohio Paramedic certifications or Firefighter II and be actively enrolled in a paramedic training program. **Full-time applications are due by August 28, 2017.**

The Monroe Township Fire Department is accepting applications for the positions of intermittent firefighter/paramedic and intermittent firefighter/EMT. Applicants must possess both Ohio Firefighter II and Ohio EMT or EMT-Paramedic certifications prior to appointment. Applications are accepted on a rolling basis for volunteer and intermittent personnel and Monroe Township anticipates administering a test approximately every 120 days if sufficient vacancies exist to warrant administering a test.

The Monroe Township Board of Trustees has approved a program to offer a signing incentive to qualified intermittent candidates of \$500 to \$1500 depending on qualifications and experience*. This program is subject to cancellation without notice by the Board of Trustees.

Intermittent employees may be assigned to work a 24/120 shift (every 6th day) or may sign up to work on a floating basis. Intermittent employees who work a floating schedule are expected to work a minimum of 96 hours per calendar month. Intermittent employees are hired with the expectation that they will not work more than 1500 hours per year.

Current pay ranges for intermittent personnel which are adjusted annually are:

Firefighter II and EMT: \$11.00-\$13.00 per hour

Firefighter II and EMT-P: \$12.50-\$16.00 per hour

Applicants may be subject to written testing, a background check, drug testing, and a physical prior to hire. All applicants must also possess and maintain a valid Ohio driver's license.

The Monroe Township Fire Department is located in western Licking County along the Delaware and Franklin County borders. It serves Monroe Township, the Village of Johnstown, and parts of the City of New Albany, Jersey Township, Liberty Township, and McKean Township. The service area encompasses 68 square miles and the department responds to more than 2000 calls for emergency service each year. The department staffs two stations with a goal of 8 firefighters on duty 24/7.

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 ___ INTERMITTENT ___ 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)

Cellular telephone number: _____ Home 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 ten years in reverse order (most recent employer first). **Do not omit any employers. Include volunteer fire department positions as well. Use extra pages if needed.**

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 _____

If you were referred by a current Monroe Township Fire Dept employee, please list the employee here: _____

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 _____



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Monroe Township, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed or representing the company, conduct a verification of my education, employment history, credit history, and/or motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen or hair strands to be tested for the presence of drugs or alcohol, 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 in any state, and/or other information as deemed necessary to fulfill the job requirements. Also, if an offer of employment has been made, I authorize review of my worker's compensation claim history.

I authorize Employment Screening Associates and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies. Under no circumstances will ESA provide or disclose any information regarding your credit history. We do not share, disclose or sell any information that can be used to authenticate your identity such as your Social Security Number, Date of Birth or Mother's Maiden Name.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and 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 forever release and discharge this Company, its agent, Employment Screening Associates, and their associates to the full extent permitted by 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 Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name: FIRST MIDDLE LAST Maiden Or Other Name(s)

Current Address - Street, City, State, Zip How Long

Previous Address - City, State, Zip How Long

Previous Address - City, State, Zip How Long

Social Security Number Date of Birth (for confirmation of ID only)

Drivers License Number State Name - exactly as it appears on Driver's License

Email Address Phone Number

Yes No

Authorization to contact present employer for reference?

Signature

Date

Criminal History

Have you been convicted or plead guilty to a crime in the last 7 years? Yes No

• Brief description of crime: _____ Misdemeanor / Felony
Please Circle

• Date: _____ Place of conviction: _____
City State County

List additional convictions: _____

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