Monroe Township Fire Department Licking County, OH

Job Posting:

The Monroe Township Fire Department is always accepting application. Applications are accepted on a rolling basis and Monroe Township accepts the National Testing Network test. The testing requirement may be waived by for candidates with fire service experience.

Applicants may be subject to interviews, 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 a rapidly growing fire department located in western Licking County along the Delaware and Franklin County borders. It serves Monroe Township, the City 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 2700 calls for emergency service each year. The department staffs two stations with 9 firefighters on duty 24/7. The MTFD is the fire department that serves the new Intel Ohio site.

Monroe Township Fire Department 186 E. Coshocton 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? Ye	s / No If yes, list other names:		
Address			
(Include number, street, city, state, ZIP, and			
Cellular telephone number:			
Are you a citizen of the United States? Yes / No	Email address:		
EDUCATION			
Have you graduated from High School or obtained	d a GED? Yes / No		
A copy of your High School Diploma or Certifica	te must be submitted prior to com	pletion of application p	rocess.
College / University attended		From	То
Year Degree received Typ	pe of Degree		
IDENTIFICATION			
Driver's License: State of Issue: License		Date:	
A copy of your Driver's license must be submit	ted with this application.		
Social Security #:			
EMPLOYMENT HISTORY List all full, part-time, and volunteer employers f	for the past ten years in reverse or	der (most recent empl	over first) Do not omi t
any employers. Include volunteer fire departme			Jyer mist). Do not omit
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			
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	
		-3-		03212017

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 applying?	are aware of which would prevent you	1 from performing the esser	ntial functions of the job for which	h you
	ecognized and attach copies if availabl			
Type of Certification	Certification Number	Expiration Date	Copy Submitted Y/N	
				_
EMERGENCY CONTACT				_
Name	Relationship			
Address				
Telephone (home) number	Pager numb	er		
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 th	ne 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. <u>Please read this statement carefully</u>.

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 Δ .

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 - Stre	et, City, State, Zip				How Long
Previous Address - Cit	y, State, Zip				How Long
Previous Address - Cit	y, State, Zip				How Long
Social Security Number			Date of Birth (for	confirmation of	of ID only)
Drivers License Number	r	State	Name - exactly as it appears on Driver's License		
Email Address			Phone Number		
[]Yes []No Authorization to contact	present employer fo	r reference?	Signature		Date
•	or plead guilty to a cri	me in the last 7 years? []			Misdomoonon / Folony
	crime:				Misdemeanor / Felony Please Circle
-		ace of conviction:			Please Circle
• Date:	Pla		City	State	

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