

# 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? **Yes / No** If yes, list other names: \_\_\_\_\_

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

Cellular 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, part-time, and volunteer 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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**

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**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by \_\_\_\_\_



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