

Joint Fire District
Pleasant Hill – Newton Township
8 West High Street Pleasant Hill Ohio 45359-0497
Application for Employment

INSTRUCTIONS

Applications must be typed or printed plainly in ink. All questions shall be answered appropriately. Incomplete applications will not be processed. If the space provided is not sufficient for complete answers or you wish to furnish additional information, use the attached continuation sheet(s) with corresponding sections.

****All information contained herein is strictly confidential and to be utilized only by the District's staff and researchers for the purpose of evaluating the applicant's suitability for employment. No information contained in this document will be released to the media or made public by any method without the expressed permission of the applicant.****

PERSONAL INFORMATION

LAST NAME FIRST NAME MI

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Social Security Number: _____ - _____ - _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

Marital Status (circle): YES / NO Spouse Name: _____

LIST ANY OTHER NAME(S) YOU HAVE IDENTIFIED YOURSELF WITH, INCLUDE CIRCUMSTANCES AND THE PERIOD OF TIME YOU USED THE NAME(S):

NAME CIRCUMSTNACE DATE RANGE

NAME CIRCUMSTNACE DATE RANGE

NAME CIRCUMSTNACE DATE RANGE
DRIVERS LICENSE #: _____ EXPIRES: _____ CDL (CIRCLE): YES / NO

ARE YOU A US CITIZEN (CIRCLE): YES / NO

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RESIDNECY

PLEAE LIST PLACE OF RESIDENCE WITHIN THE LAST 5 YEARS, PLEASE LIST
CHRONOLOGICALLY.

ADDRESS	CITY/STATE/ZIP	FROM/TO
ADDRESS	CITY/STATE/ZIP	FROM/TO
ADDRESS	CITY/STATE/ZIP	FROM/TO

EMPLOYMENT HISTORY

LIST CHRONOLOGICALLY YOUR PREVIOUS EMPLOYERS BEGINNING WITH
PRESENT EMPLOYMENT. LIST PERIOD OF UNEMPLOYMENT (IF APPLICABLE).

EMPLOYER	ADDRESS	FROM/TO
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JOB DESCRIPTION

SUPERVISIORS NAME	REASON FOR LEAVING
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EMPLOYER	ADDRESS	FROM/TO
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JOB DESCRIPTION

SUPERVISIORS NAME	REASON FOR LEAVING
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EMPLOYER	ADDRESS	FROM/TO
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JOB DESCRIPTION

SUPERVISORS NAME	REASON FOR LEAVING
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HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN YOU FROM
EMPLOYMENT THAT YOU HAVE HELD? (CIRCLE) YES / NO

HAVE YOU EVER HAD DISIPLINARY ACTION TAKEN AGAINST YOU AT A
PREVIOUS EMPLOYER? (CIRCLE) YES / NO

HAVE YOU EVER RESIGNED, OR LEFT A JOB BY MUTUAL AGREEMENT FOLLOWING
ALLIGATIONS OF MISCONDUCT OR UNSARISFACTORY WORK PREFORMANCE?
(CIRCLE) YES / NO

EDUCATION

DO YOU HOLD A CERTIFICATION ISSUED BY THE OHIO DEPARTMENT OF EMS
e.g. Firefighter, EMS Certification (CIRCLE) YES/ NO

IF YES, PLEASE LIST CERTIFICATION NUMBER: _____

HIGH SCHOOL ATTENDED

SCHOOL	ADDRESS	FROM/TO
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DID YOU GRADUATE? _____

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COLLEGE/UNIVERSITY/ TRADE SCHOOLS

SCHOOL	ADDRESS	FROM/TO
TYPE OF DEGREE OR CERTIFICATION? _____		

SCHOOL	ADDRESS	FROM/TO
TYPE OF DEGREE OR CERTIFICATION? _____		

MILITARY SERVICE

Are you or have you ever served in any branch of the Military? _____

(if yes please answer the question below)

- 1) Highest Rank Held? _____
- 2) Type of discharge? _____

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CRIMINAL HISTORY

- 1) Have you ever been convicted of, or had adjudication withheld after a plea or trial on a felony? YES / NO
- 2) Have you ever been convicted of, or had adjudications withheld after a plea or trial, on a First-Degree Misdemeanor? YES / NO
- 3) Have you ever been detained by a law enforcement officer for investigative purposes, or to your knowledge have you been the subject in any criminal investigation? YES / NO
- 4) Have you ever been fingerprinted for any reason? (arrest, job application, military, etc.) YES/ NO

IF YES TO THE ABOVE QUESTION PLEASE PROVIDE DETAILS BELOW:

REFERENCES

PLEASE PROVIDE 3

NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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NAME	ADDRESS	PHONE NUMBER
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APPLICANTS AGREEMENT

I certify that answers given herein are truthful and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment. I understand that I the applicant am subject to a health physical and background check. In the event of being accepted for employment, I understand that false or misleading information given in my application or interview(s) may result in my employment being terminated. I also understand that I am required to abide by all the rules and regulation of the Joint Fire District By-laws and Standard Operating Guidelines.

I hereby release the Joint Fire District and it's members from any liability or damage, which may result from furnishing information requested in the application for employment.

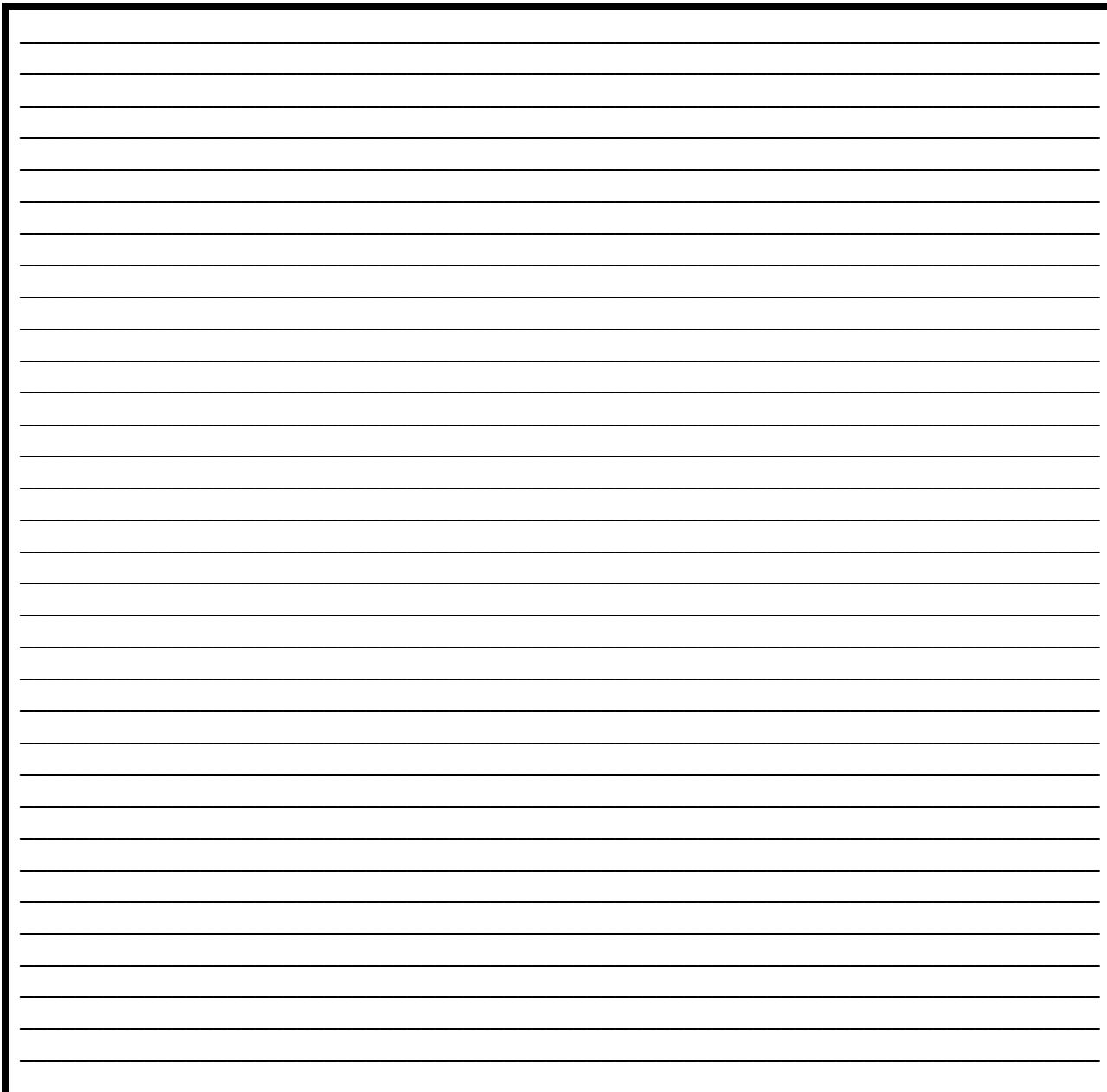
Applicants Signature

Date

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CONTINUATION SHEET

If the space provided was not sufficient for complete answers or you wish to furnish additional information, use the attached continuation sheet with corresponding sections. If you shall need more than one continuation sheet please make copies prior to completion.



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THIS PAGE IS FOR DEPARTMENT USE ONLY

INSTRUCTIONS

The person who is receiving/reviewing this application please date and initial when any of the items below are completed.

APPLICATION RECEIVED: _____

APPLICATION REVIEWED: _____

APPLICANT CONTACTED: _____

APPLICANT INTERVIEWED: _____

BACKGROUND PERFORMED: _____

APPLICANT EMPLOYMENT APPROVAL: YES / NO _____