

APPLICATION FOR EMPLOYMENT

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT

Please write or print clearly.

****The Springfield Township Fire Department is an Equal Opportunity Employer, considering applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, ancestry, or any other legally protected status.**

Fulltime _____ Partime _____

Date of application _____

Name _____ Social Security No. _____

Address _____

City _____ State _____ Phone _____

Cell Phone _____ Are you at least 18 years old? Yes ___ No ___

E-mail _____

High school graduate or GED? Yes ___ No ___ Height _____ Weight _____

Driver's License # _____ State _____ Is it valid? Yes ___ No ___

Are you employed now? _____ **If so, may we contact your present employer?** Yes ___ No ___

Person to contact _____ Phone _____

Cell Phone _____

If we cannot contact your present employer, please explain why: _____

Are you on layoff and subject to recall? Yes ___ No ___

On what date would you be available for work full time with us? _____

Have you been convicted of a crime, other than minor traffic offenses?
within the last seven years? Yes ___ No ___ If yes, please explain: _____

(Conviction will not necessarily disqualify an applicant from employment)

Are you physically capable, with or without a reasonable accommodation, of performing the essential duties of the position of firefighter? Yes ___ No ___ (see separate job description)

Springfield Township requires applicants to have Ohio Emergency Medical Technician-Basic (EMT-B) certification.

Do you have an Ohio EMT-B card now? Yes ___ No ___

(Please attach a copy of your Ohio EMT-B or higher card)

Springfield Township requires applicants to have Ohio Firefighter 1-A (or higher) certification. Do you have Ohio Firefighter 1-A certification now? Yes ___ No ___

(Please attach a copy of your Ohio Firefighter 1-A or higher card)

Have you ever applied for any police or fire departments in the U.S.? Yes _____ No _____

Date	Department	Position	Hired?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.
(Experience and training)

References

List three references other than relatives or employers, over the age of eighteen.

1. _____ (Name) _____ (Phone)
_____ (Address)

2. _____ (Name) _____ (Phone)
_____ (Address)

3. _____ (Name) _____ (Phone)
_____ (Address)

In order to be considered for employment, applicants must submit along with your application a BMV Record Request document to Ohio Bureau of Motor Vehicles.

NOTE: Please return the following items with the application: Copies of your Fire & EMT certifications, Driver's License, and the Abstract Driver Record. Be prepared to have all copies (not originals) of any other certifications upon an interview.

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that if I am employed full time by the Springfield Twp. Fire Department, I will serve a one (1) year probationary period, which may be extended twelve (12) additional months as circumstances warrant, to complete required state-mandated firefighter training, and other training required by the township. I also understand that if employed, my employment is conditional upon passing all aspects of training as well as subsequent training either mandated by the state or the Springfield Twp. Fire Department.

I authorize investigation of all information I have disclosed herein so that you may be provided with relevant information concerning my previous educational and employment background. I release all parties from all liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise, except for medical inquiries.

I further agree to take and pass any lawful medical, lie detector examination, or drug screening test required by the township as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination or to pass and maintain minimum physical fitness requirements, may be cause for my not being hired, or, if I am hired, may be cause for the termination of my employment; and I hereby release all persons or companies conducting such examinations from any liability.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, any statements that I have falsified on the application shall be grounds for dismissal. I also authorize the township or any law enforcement agency to initiate an investigation concerning relevant personal information regarding any previous or current criminal activity and release such information to the Springfield Township Fire Department.

I consent to the Springfield Township Fire Chief and to the testing laboratory of the Township's choosing to perform the appropriate test(s) to identify the presence of drugs and alcohol. I furthermore give my permission for the test results to be released to the Springfield Township Fire Chief and to the Board of Township Trustees. I understand that refusal to take this test, attempts to adulterate the sample, or a positive test for illegal drug use will result in Springfield Township denying my application for employment.

I understand this application will be retained for use by the Springfield Township Department to consider my candidacy for any open position for firefighter for one (1) year from the date of my initial submittal to the Township. After one year, it will be considered inactive and will not be considered for purposes of filling positions. I understand I must renew my application within one (1) year if I desire to be continued as a candidate for employment.

Applicant's signature

Date

(Applicant's Printed Name)