

**APPLICATION FOR POSITION
WEATHERSFIELD TOWNSHIP FIRE DEPARTMENT**

APPLICATION DATE: _____

POSITION APPLYING FOR WITH W.T.F.D.: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

Phone:

OTHER ADDRESSES WITHIN PAST FIVE (5) YEARS: _____

CURRENT OCCUPATION: _____

CURRENT EMPLOYER AND EMPLOYER'S ADDRESS: _____

DATE OF EMPLOYMENT: _____

LIST OTHER JOBS AND EMPLOYERS, WITHIN THE LAST FIVE (5) YEARS, AND THE REASONS FOR LEAVING EMPLOYMENT: _____

HIGH SCHOOL ATTENDED: _____

DATE OF GRADUATION: _____

LIST ADDITIONAL SCHOOLING (if any), AND DEGREES OR CERTIFICATES OBTAINED: _____

DO YOU HAVE A VALID STATE OF OHIO VOLUNTEER OR CAREER FIREFIGHTING CERTIFICATE?

YES _____ NO _____

IF YES, PLEASE STATE THE YEAR IT WAS OBTAINED, AND THE SPONSORING DEPARTMENT OR AGENCY (attach a copy of your current card): _____

DO YOU HAVE ANY PRIOR FIREFIGHTING EXPERIENCE? YES _____ NO _____

IF YES, PLEASE ATTACH A RESUME TO THIS APPLICATION, AND INCLUDE COPIES OF ALL CERTIFICATES OR RECORDS. *(optional)*

DO YOU HAVE A VALID EMT/PARAMEDIC CERTIFICATE? YES _____ NO _____

IF YES, PLEASE PROVIDE THE TYPE OF CERTIFICATE, EXPIRATION DATE, AND IF YOU CARRY ORDERS, LIST THE SPONSORING COMPANY OR AGENCY (attach a copy of your current certificate): _____

DO YOU HAVE OTHER EMS EXPERIENCE OR TRAINING? YES _____ NO _____

IF YES, PLEASE ATTACH A RESUME TO THIS APPLICATION, AND INCLUDE COPIES OF ALL CERTIFICATES OR RECORDS.

STATE OF OHIO DRIVER'S LICENSE NUMBER: _____

DATE OF EXPIRATION: _____ (attach a copy of current card)

HAVE YOU BEEN ISSUED ANY TRAFFIC CITATIONS IN THE LAST THREE (3) YEARS?

YES _____ NO _____

IF YES, PLEASE PROVIDE THE TYPE OF CITATION ISSUED, THE ISSUING AGENCY, COURT IN WHICH THE COURT WAS HEARD OR DECISION RENDERED, AND THE OUTCOME OF THE CITATION: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OFFENSE?

YES _____ NO _____

IF YES, PLEASE PROVIDE THE TYPE OF OFFENSE OR NATURE OF CHARGE, NAME OF THE COURT IN WHICH THE CASE WAS HEARD, YEAR OF THE CONVICTION, AND THE PUNISHMENT IMPOSED: _____

DO YOU HAVE ANY MILITARY EXPERIENCE? YES _____ NO _____

IF YES, NAME THE BRANCH OF SERVICE, YOUR MOS, YOUR DATE OF DISCHARGE, AND YOUR TYPE OF DISCHARGE: _____

PLEASE GIVES THE NAMES, ADDRESSES, AND PHONE NUMBERS OF THREE (3) PERSONS WHO CAN SERVE AS REFERENCES FOR YOU:

1. _____

2. _____

3. _____

Where the applicant believes in good faith that a question contained in this application is in conflict with, or in violation of, existing federal or state laws or regulations, he or she may refuse to answer the question, and shall write the word "omit" in the space provided. However, the Township of Weathersfield reserves the right to challenge, in a court of law or other forum, any such omissions and the basis upon which the applicant has refused to answer the question.

I, _____, swear under penalty of perjury, that the information provided by me is true and accurate to the best of my knowledge. I also give the Township of Weathersfield permission to check my background, including my permission to obtain any and all records from the Bureau of Motor Vehicles, the Bureau of Criminal Investigation, or any other law enforcement or other governmental agency which maintains records which pertain to the information provided with this application. I further give the Township of Weathersfield permission to obtain any information or records from my current or prior employer(s) which might be applicable or assist in the determination of my character or fitness for the position to which I have applied.

APPLICANT

DATE

(Form approved 9/8/98)
WTFD.EMP