



Hocking Township Fire Department

1175 Cincinnati – Zanesville Road
Lancaster, Ohio 43130

Employment Application

Position Applying For

Full Time Part Time Volunteer

Application Information Statement

Applicant, please read the following before completing this form:

This application paperwork 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. Please supply copies of all certifications: Fire, EMS (including CPR, ACLS, PALS or any additional certifications), Haz-Mat, along with a copy of a High School Diploma/GED or equivalent, Driver's License, and any other documents that may aid you in the selection for this position. Please attach all certificates to back of application. Any misrepresentation, falsification or omission is cause form the hiring process and possible termination, if hired. 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.

Information

Full Name: _____
Last First M.I.

Have you been known under any other name? **Yes / No** If yes, list other names: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Drivers License State Issued and #: _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this department? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

In the area below, please list the names and other requested information for three people (other than relatives) whom we may contact for a recommendation. These individuals should be able to speak to your qualifications for this position. (Must include a phone number and email address.)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

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.

Previous Employment
Attach Additional Pages As Needed

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Certification(s)

Type of Certification	Certification Number	Expiration Date Copy	Submitted Y/N

Hocking Township is an equal opportunity employer.

Disclaimer and Signature

I 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.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination of employment or not being considered for employment.

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.

Please read this statement carefully.

This release and authorization acknowledge that Hocking Township 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, the township may contact personal references, require that I provide a urine specimen 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 Hocking Township and any of its agents to conduct the needed verification process of this position. The results will be used to determine employment eligibility under the department’s employment policies.

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.

Signature: _____ Date: _____