

Village of Mount Orab Fire Department Employment Application



Education		
High School: _____	Address: _____	
Course of Study: _____	Diploma / Certification _____	Grad. Date: _____
School: _____	Address: _____	
Course of Study: _____	Diploma / Certification _____	Grad. Date: _____
School: _____	Address: _____	
Course of Study: _____	Diploma / Certification _____	Grad. Date: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigrations Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been discharged from a job? <i>Discharge will not necessarily disqualify an applicant from employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Military Service	
Date of Service: _____ to _____	Branch: _____
Rank: _____	Discharge: _____
	Special Training: _____

Declaration of Criminal History
<p>If you have been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and /or intervention in lieu of conviction for any felony, a misdemeanor committed in the course of practice, misdemeanor involving moral turpitude, a violation of any federal, state, county, or municipal narcotics or controlled substance law you must attach</p> <ol style="list-style-type: none"> 1. A certified copy of the law enforcement report, if applicable. 2. A certified copy of the judgment entry from the court in which the conviction occurred.

Professional References
<p>Please list three professional references and their contact information. Professional references should be persons who you have worked with or for who can attest to your work ethic and character. Do not list family members or friends in this section.</p>
Name: _____ Title: _____ City: _____ Phone: (____) _____ Address: _____ State: _____ Relationship: <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____
Name: _____ Title: _____ City: _____ Phone: (____) _____ Address: _____ State: _____ Relationship: <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____
Name: _____ Title: _____ City: _____ Phone: (____) _____ Address: _____ State: _____ Relationship: <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____

Employment History

Please list your employment history for the past five years beginning with the most recent or current employer. If needed, additional employment information can be listed on the back page of this application.

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
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Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Authorization

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. Applicant Signature: _____ Date: _____
Please list any employer (s) listed above you do not wish us to contact and why: _____

In Case of Emergency, Notify:

Name: _____
Address: _____
Phone Number: _____ Relationship: _____

The Village of Mount Orab Fire Department considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal opportunity employer

General Agreement & Release of Information

I hereby certify that the answers herein contained are true and complete. I authorize the complete investigation of any and all statements contained in this application as may be deemed necessary by the Village of Mount Orab or any of its officers. I understand that any false or misleading information given in writing or verbally could result in denial of employment or dismissal from the agency.

I understand that my final acceptance as an employee of this agency is largely dependent upon my successful completion of all the requirements of the Village of Mount Orab Fire Department and the State of Ohio. If applying for a volunteer position, I understand that all certification requirements must be met within one (1) year of my appointment as a new staff member.

I further agree to abide by the Operational Policies and Procedures, and Medical Protocols of the department as well as all laws, state and federal, that apply to Emergency Medical Technicians and Firefighters at all levels or that apply to the department as a whole. I understand that all information I am exposed to concerning the department and/or the patients I come in contact with is confidential and cannot be discussed with persons outside the department except as re-quired by law.

Signature of Applicant: _____ Date: _____

Records Release

Village of Mount Orab Fire Department
115 Spice Street PO Box 454
Mount Orab, Ohio 45154
937-444-3945 fax: 937-444-4788

To Whom it May Concern,

I _____ permit any authorized representative of the Village of Mount Orab Fire Department, Brown County, Ohio bearing this release, or copy thereof, within one (1) year of it's date, to obtain any information in your files pertaining to employment, including personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of employment investigation.

I hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: _____ Date: _____

Additional Employment History (IF NEEDED)

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
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