



Sylvania Township Fire Department

Fire Department Headquarters/Fire Station 4
 8210 Sylvania Avenue
 Sylvania, Ohio 43560-1958
 419-882-7676 Administration
 419-885-1733 Facsimile
 www.sylvaniamunicipality.com/Fire.aspx

Sylvania Township is committed to a policy of fully complying with all applicable federal, state and local laws, rules and regulations prohibiting discrimination on the basis of race, color, national origin, sex, sexual orientation, genetic information, religion, age, disability or military status in employment or the provision of services.

Applications lacking sufficient information will not be processed. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT IN INK

PERSONAL INFORMATION

NAME: (Last, First, Middle)		DATE OF BIRTH:	
ADDRESS: (Street, City, State, Zip Code)			COUNTY:
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:	
DRIVER'S LICENSE:			
STATE:	LICENSE #:	EXPIRES:	

- Are you 18 years of age or older? Yes _____ No _____
- Can you provide proof of eligibility for employment in the United States? Yes _____ No _____
- Have you ever been convicted of anything other than a minor traffic violation? Yes _____ No _____
- Do you have any felony charges pending against you? Yes _____ No _____
- Are you a State of Ohio Certified EMT or NREMT? Yes _____ No _____
 At what level? Basic _____ Intermediate _____ Paramedic _____
- Do you have NFPA based Firefighter II certification? Yes _____ No _____
 At what level? Volunteer _____ FFI _____ FFII _____
- Do you currently use any form of tobacco products? Yes _____ No _____

If you answered yes to either question 3 or 4 please provide dates, places, charges and disposition of all convictions.

It is incumbent upon the applicant to provide the proper documentation at the time of registration.

EMPLOYMENT HISTORY

Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include any military experience and volunteer work. **NOTE: To be considered for employment, you must fill in the information below, accurately and completely. If you need additional space, please attach extra sheets to this application.**

DATES: FROM: TO:	EMPLOYER:	POSITION/TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: [] Yes [] No
DUTIES:		
REASON FOR LEAVING:		

DATES: FROM: TO:	EMPLOYER:	POSITION/TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: [] Yes [] No
DUTIES:		
REASON FOR LEAVING:		

DATES: FROM: TO:	EMPLOYER:	POSITION/TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: [] Yes [] No
DUTIES:		
REASON FOR LEAVING:		

EMPLOYMENT HISTORY (Continued)

DATES:	EMPLOYER:	POSITION/TITLE:
FROM: TO:		
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: [] Yes [] No
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES	
TYPE:	EXPIRATION DATE:
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	EXPIRATION DATE:
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	EXPIRATION DATE:
LICENSE NUMBER:	ISSUING AGENCY:

REFERENCES

Please list three persons who have knowledge of your experience and qualifications for this position, **preferably current or previous supervisors, co-workers, instructors, etc.** Do not include relatives.

Name:	Relationship:
Address:	Phone Number:
	Yrs. Acquainted:
Name:	Relationship:
Address:	Phone Number:
	Yrs. Acquainted
Name:	Relationship:
Address:	Phone Number:
	Yrs. Acquainted

AUTHORIZATION TO RELEASE PAST EMPLOYMENT INFORMATION

I understand that I am applying for a "Safety Sensitive" position within Sylvania Township. I further understand that refusal to sign this form will eliminate consideration of my employment with Sylvania Township.

I give authorization to contact the following employers to obtain information regarding any alcohol/drug testing or abuse during the term of employment.

(Please list all employers within the past ten (10) years).

EMPLOYER	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name (please print)

Signature

Date

EDUCATION

	NAME & ADDRESS OF SCHOOL	NUMBER OF YRS. COMPLETED	COURSE OF STUDY	DIPLOMA/DEGREE EARNED
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
VOCATIONAL/ TRADE/ GRADUATE				
OTHER (SPECIFY)				

APPLICANT STATEMENT

1. I certify that the answers given herein are true and complete to the best of my knowledge. I understand that my failure to complete this application accurately and in its entirety may be cause for the Sylvania Township Fire Department to disqualify my application.
2. I acknowledge that the job of firefighter/EMT, for which I hereby make application, is a critical public safety position. I therefore authorize the Township to perform all checks of my credentials as allowed by law including, but not limited to, criminal background investigations, driver's license record, civil records search, professional license search, education verification, employment verification, registered sex offender search, drug and alcohol tests, and discussions with: supervisors, co-workers, friends, business associates, or other individuals that the Township, in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against the Township, its agents, its employees, or any individual contacted by the Township, arising out of the Township's investigation. I further release and forever discharge the Township, its agents, its employees and the individuals and companies contacted by the Township as part of its investigation from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Township's investigation of my credentials. **I acknowledge that the Township has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.**
3. In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.
4. I agree and understand that my employment offer is conditional upon the results of a post-offer medical examination, which includes psychological, drug, alcohol and nicotine tests.
5. **I understand, acknowledge and hereby consent to each of the above statements and conditions.**

(Signature of Applicant)

(Date)

(Printed Name of Applicant)

(Social Security Number)