



SYLVANIA TOWNSHIP FIRE DEPARTMENT

Fire Department Headquarters/Fire Station 4
 8210 Sylvania Avenue
 Sylvania, OH 43560-1958
 419-882-7676 Administration
 419-885-1733 Facsimile
www.sylvaniatownship.com/Fire_home.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.

Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this application will be subject to all applicable public records laws.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Alternate Phone	Social Security No.		
Driver's License	State:	License #:	Expiration Date:
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will you be at least 18 yrs. of age and have not reached age 39 on 8-29-15?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you currently use any form of tobacco products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION			
High School	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Vocational/Training	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
SPECIAL ACCOMPLISHMENTS OR ANY ADDITIONAL INFORMATION YOU WISH TO BE CONSIDERED			

Please give an accurate, full-time and part-time employment record.
Start with your present or most recent employer.

PREVIOUS EMPLOYMENT			
Employer		Phone ()	
Address		Supervisor	
Job Title	Hours Worked Per Week	Ending Rate of Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Hours Worked Per Week	Ending Rate of Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Hours Worked Per Week	Ending Rate of Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Hours Worked Per Week	Ending Rate of Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	

CERTIFICATES AND LICENSES	
Type	Expiration Date
License Number	Issuing Agency
Type	Expiration Date
License Number	Issuing Agency
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, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives.

Full Name	Relationship
Address	Phone ()
Yrs. Acquainted	
Full Name	Relationship
Address	Phone ()
Yrs. Acquainted	
Full Name	Relationship
Address	Phone ()
Yrs. Acquainted	

DISCLAIMER AND SIGNATURE

1. I certify that my answers are true and complete to the best of my knowledge. I understand that failure to complete this application accurately and in its entirety may be cause for the Sylvania Township Fire Dept. to disqualify my application.
2. 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.
3. I acknowledge that the job of firefighter/EMT, for which I hereby make application, is a critical public safety position. I therefore agree and understand that any offer of employment is conditional upon the results of a background investigation, as allowed by law, and a post-offer medical examination, which includes psychological, drug, alcohol and nicotine tests.
4. I acknowledge that the Township has made no representation of any kind as to whether employment will be offered at the conclusion of its background investigation. 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 background investigation.
5. **I understand, acknowledge and hereby consent to each of the above statements and conditions.**

Signature

Date

Printed Name

SYLVANIA TOWNSHIP TOBACCO FREE WORKPLACE POLICY

Due to the acknowledged hazards arising from exposure to environmental tobacco smoke, increased medical costs, and safety factors, it shall be the policy of Sylvania Township to provide a tobacco free environment for all employees and visitors.

- As an applicant, I understand that this policy covers the smoking of any tobacco product, the use of “spit” tobacco, and any form of smokeless tobacco.
- I understand that Sylvania Township does not offer employment to tobacco users.
- I attest that I am a non-tobacco user which includes cigarettes, cigars, chewing or pipe tobacco or any other tobacco product regardless of the frequency or method of use.
- I understand that if employment is offered to me, I will be tested for the presence of nicotine.
- I understand that, if hired, I will be subject to testing for the presence of nicotine during my probationary period. Refusal to participate in the test will be considered a positive test. Positive test results will subject me to termination.

Applicant

Date

CONSENT & RELEASE FORM FOR EMPLOYEES AND APPLICANTS

I, _____ (applicant or employee name), as an employee/applicant of Sylvania Township, (hereafter, the "Township"), hereby acknowledge that the Township's policy may require me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate and cooperate in all aspects of the program.

I hereby and herewith release the Township, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for employment based on the results of the analysis.

For Applicants:

I hereby authorize the release of my drug and/or alcohol test results to the Township's Medical Review Officer (MRO), and/or the Township's examining physician, as provided by the Township's policy.

I further acknowledge that the Township has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____ Date: _____

Employee/Applicant Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____

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 my 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 10 years)

Employer	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Name (print)	_____ Signature	_____ Date
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