

Education

	High School				College/University				Other (Specify)			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe Any Honors Received												

Fire and EMS Related Training				<i>Please Attach Copies of Certification Cards to Application</i>				
EMT	Year Completed:	Certification Number:	Institution/Location:					
Paramedic	Year Completed:	Certification Number:	Institution/Location:					
Firefighter	Level:	Year Completed:	Certification Number:	Institution/Location:				
HazMat	Level:	Year Completed:	Institution/Location:					

Describe any other specialized training or qualifications you have relating to the position applied for

Describe any computer skills you possess, including software and hardware experience

Indicate any foreign languages (including American Sign Language) you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Describe Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Employer	Dates Employed		Describe Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Employer	Dates Employed		Describe Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	From	
	Job Title	Supervisor		
	Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Employer	Dates Employed		Describe Work Performed
		From	From	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	From	
	Job Title	Supervisor		
	Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

If there are any employers listed above whom you do not wish contacted briefly explain why:

References Give name, address and telephone number of three references to whom you are not related.

1.
2.
3.

We consider 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.

In Case of Emergency, Notify:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Applicant's Statement

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize you to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand and agree that, if employed by this organization; I will abide by its rule and regulations which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. I release Sycamore Township Department, their authorized agents, and their employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.

Signature of Applicant

Date

Investigation Authorization

I understand that as a condition of my employment I will be required to produce a local criminal background check and a copy of my driving record from my insurance company. I also understand that I will be required to take a drug and alcohol test prior to my employment.

Signature of Applicant

Date

EMPLOYMENT APPLICATION ADDENDUM

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you had a TB test within the last year? Yes No Decline to answer

If Yes, Date: _____

Have you received a complete series of Hepatitis-B vaccinations?

Yes No Decline to answer

If Yes, You Will Need to Provide Proof and Dates
When Hired

**PLEASE ATTACH THE FOLLOWING DOCUMENTS/INFORMATION TO
THIS FORM WHEN RETURNING YOUR APPLICATION**

Copies of the following items:

- Driver's License
- Social Security Card
- Ohio Firefighter Certification Card
- Ohio EMS Certification Card
- ACLS Card
- Specialty Cards (i.e., PALS, BTLS, Fire Safety Inspector. etc.)
- HazMat certifications

We may contact you by Email with some standard questions. Please provide us with your Email Address. This will speed up the process considerably: Please Print Clearly:

Email: _____

PLEASE PRINT:

NAME

DATE

Hamilton County Sheriff Office Personal Information Release Form

Print Clearly

Name: _____

Address: _____

Date of Birth: _____

Soc. Sec. No.: _____

Sex: M _____ F _____ Race: _____

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be contacted at telephone number _____. This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) one year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: _____ Date: _____

Form ID Hes 2-90

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check:

Criminal: _____

Traffic: _____

Criminal and Traffic:

Information Requested By:

Company Name/Agency: Deer Park-Silverton Joint Fire District

Date: _____

Contact Person: Deputy Chief Chris Iredale

Address: 7050 Blue Ash Road Cincinnati, OH 45236

Phone No: 513-791-2500

FOR SHERIFF OFFICE USE ONLY:

Operator: _____ Date: _____

Record: _____ No Record: _____