

**APPLICATION FOR EMPLOYMENT  
DIVISION OF FIRE  
MADISON TOWNSHIP BOARD OF TRUSTEES  
(AN EQUAL OPPORTUNITY EMPLOYER)**

**PERSONAL INFORMATION**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Soc. Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Previous Address: \_\_\_\_\_  
Street City State Zip

Date you can start: \_\_\_\_\_ Are you employed now? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you worked for Madison Township before? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, In what department/capacity? \_\_\_\_\_

When? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

**WORK HISTORY**

Name & Address of Present Employer: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name & Address of Previous Employer: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name & Address of Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name & Address of Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MILITARY SERVICE**

Branch of Armed Forces: Army \_\_\_\_\_ Navy \_\_\_\_\_ USAF \_\_\_\_\_ USMC \_\_\_\_\_ USCG \_\_\_\_\_

Active Duty \_\_\_\_\_ Reserve \_\_\_\_\_ National Guard \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

**\*\* ATTACH A COPY OF YOUR DD-214 TO THIS APPLICATION\*\***

**PERSONAL REFERENCES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

### EDUCATION

Elementary: \_\_\_\_\_  
Name Location Graduated (Yes/No)

Jr. High/Middle School: \_\_\_\_\_  
Name Location Graduated (Yes/No)

High School: \_\_\_\_\_  
Name Location Graduated (Yes/No)

College/Tech School: Years (Circle) 1 2 3 4 5 6 Graduated Yes \_\_\_ No \_\_\_

Name(s) of Colleges/Tech Schools Attended:

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

### FIRE SERVICE TRAINING

Fire Training Certifications: Level 1A \_\_\_ Level 1 \_\_\_ Level 2 \_\_\_

Certification received at: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Medical Certifications: EMT-B \_\_\_ EMT-I \_\_\_ EMT-P \_\_\_

Certification received at: \_\_\_\_\_ Date: \_\_\_\_\_

Other Certifications:

Haz Mat Awareness \_\_\_ Haz Mat Operations \_\_\_ Haz Mat Technician \_\_\_

Fire Investigator \_\_\_ Fire Inspector \_\_\_ Fire Instructor \_\_\_

Other Specialized Training:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### POSITION APPLIED FOR:

Career Fire/EMS \_\_\_ Part-Time Fire/EMS \_\_\_ Paid-Per Call Fire \_\_\_

Paid-Per-Call EMS \_\_\_ Other non-sworn position \_\_\_ (specify) \_\_\_\_\_

### **BACKGROUND INFORMATION**

Have you been convicted of a traffic offense within the past 3 years? YES\_\_\_\_ NO\_\_\_\_

If "yes," explain:\_\_\_\_\_

Additional offense:\_\_\_\_\_

Additional offense:\_\_\_\_\_

Additional offense:\_\_\_\_\_

Do you possess a valid State of Ohio Driver License? YES\_\_\_\_ NO\_\_\_\_

Has your drivers license ever been suspended/revoked? YES\_\_\_\_ NO\_\_\_\_

Are you currently required to maintain high risk auto insurance? YES\_\_\_\_ NO\_\_\_\_

Have you ever been convicted with any crime of violence? YES\_\_\_\_ NO\_\_\_\_

Have you ever been convicted of any misdemeanor offense (other than traffic)? YES\_\_\_\_ NO\_\_\_\_

Have you ever been convicted of any felony offense? YES\_\_\_\_ NO\_\_\_\_

Are you now, or have you ever been a registered sex offender? YES\_\_\_\_ NO\_\_\_\_

Have you ever, or do you now use illegal drugs or take prescription medication not prescribed to you? YES\_\_\_\_ NO\_\_\_\_

### **EMPLOYMENT REQUIREMENTS**

Do you understand that you must submit to a physical examination at the Fire Department's expense? YES\_\_\_\_ NO\_\_\_\_

Do you understand that you must successfully complete the training requirements for the position, as set down by the Department and the State of Ohio, by the end of your first year? Failure to do so may result in termination. YES\_\_\_\_ NO\_\_\_\_

Do you understand that you will be expected to abide by the Constitution of the United States, the State of Ohio, and the rules and regulations of the Madison Township Fire Department?  
YES\_\_\_\_ NO\_\_\_\_

Do you understand that in order to be offered a position of employment that you will be required to pass a written examination, physical ability test, and oral interview which will be competitive in nature? YES\_\_\_\_ NO\_\_\_\_

Do you understand that you are applying for a position in a paramilitary organization whose mission is to protect lives and property? YES\_\_\_\_ NO\_\_\_\_

**AUTHORIZATION**

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, any falsified statements on this application shall be grounds for dismissal.**

**I authorize the Madison Township Trustees to investigate all statements, references, and previous employment contained in this application concerning any pertinent information they may have, personal or otherwise and release all parties from all liability for damage that may result from furnishing such information to you. I further understand that a complete background investigation will be conducted to determine any criminal record, defect in character, and my truthfulness in submitting this application. I authorize the investigating source to access any and all records necessary toward that end.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**