



Jerome Township Division of Fire

9689 US Route 42 Plain City, Ohio 43064
614-873-8990

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

POSITION APPLYING FOR: _____

TODAY'S DATE: _____

PERSONAL INFORMATION

NAME	LAST NAME		FIRST NAME			M.I.	
CURRENT STREET ADDRESS	NUMBER	STREET				BLDG / UNIT / APT #	
	CITY		STATE	ZIP	HOME PHONE	WORK / ALT. PHONE *	
MAILING ADDRESS <i>(If Different)</i>	NUMBER	STREET OR P.O. BOX				BLDG / UNIT / APT #	
	CITY		STATE	ZIP	IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK WITH JTFD? _____/_____/_____		
DRIVER'S LICENSE	NUMBER	CLASS		EXP. DATE			
EMERGENCY CONTACT INFORMATION	NAME		RELATIONSHIP			PHONE NUMBER	
	NUMBER		RELATIONSHIP			PHONE NUMBER	
Email:							

EDUCATION

SCHOOL	NAME OF SCHOOL CITY & STATE	COURSE OF STUDY	GRADE COMPLETE D (HIGH ONLY)	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH					
JUNIOR COLLEGE					
COLLEGE					
OTHER					



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PERSONAL REFERENCES *(Not current or former employers or relatives)*

NAME AND OCCUPATION	ADDRESS	TELEPHONE #

WORK HISTORY

Please list your last three jobs starting with your current or most recent.

1. Current or Most Recent:		Dates of Employment (mm/yr) From: To:		Fulltime or Part time
Address Number and street:				
City:	State:	Zip:	Phone:	
Supervisor's Name:		Reason for Leaving (if applicable)		
Job Title and Duties:				

2. Employer:		Dates of Employment (mm/yr) From: To:		Fulltime or Part time
Address Number and street:				
City:	State:	Zip:	Phone:	
Supervisor's Name:		Reason for Leaving (if applicable)		
Job Title and Duties:				



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3. Employer:		Dates of Employment (mm/yr) From: To:		Fulltime or Part time
Address Number and Street:				
City:	State:	Zip:	Phone:	
Supervisor's Name:		Reason for Leaving (if applicable)		
Job Title and Duties:				

I hereby give permission to contact the employers I have listed concerning my prior work experience.

Signature: _____ **Date:** _____

ADDITIONAL INFORMATION

1. Write a brief statement as to why you would like to work for Jerome Township Fire and what you would bring to the Department:

2. Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Certificates, Special Training, etc.) You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, age, medical condition, or a physical or mental disability.



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3. Have you ever been discharged from a position, terminated during probation, or asked to resign from a position? If yes, give name and address of employer, date of occurrence, and the reason. *CITE ALL SUCH CASES.* Add additional pages if necessary.

4. Can you, after employment, submit verification of your legal right to work in the USA? YES NO
(If yes, verification may be required after the extension of a job offer.)

5. Are you of the legal age to work? YES NO

6. Were you previously employed by the Jerome Township Division of Fire or Jerome Township? YES NO
If yes, when? _____

CERTIFICATIONS ATTACH COPIES OF CERTIFICATES/CARDS

- ___ Ohio Firefighter II Certification Expiration Date: _____
- ___ Ohio EMT-Basic Expiration Date: _____
- ___ Ohio EMT-P (if applicable) Expiration Date: _____
- ___ Hazardous Materials Operations Level Cert. Expiration Date: _____
- ___ NIMS 100
- ___ NIMS 700
- ___ Copy of High School Diploma or GED

Other (Please explain):

Traffic Record



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Must include a current drivers abstract.

Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, and reason:				
Offence Charged	City / County	State	Date	Disposition of Case
List all traffic citations you have received in the last three (3) years. (excluding parking tickets)				
Offence Charged	City / County	State	Date	
List any accidents within the last three (3) years; give approximate date and locations:				
Location		Date	At Fault	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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CERTIFICATION OF APPLICANT

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge and belief, and I understand that any misstatements or omissions of material fact herein are cause for dismissal from JTFD.

I am aware that if I am the successful candidate, I will be required to undergo a medical examination, personal background investigation, and reference check before formal appointment. I understand that formal appointment is conditional upon successfully completing these final checks, and that any preliminary job offer may be withdrawn based on the results of these final checks.

I hereby authorize all schools, prior employers, and references I have listed on this application, to release information about me to Jerome Township Fire. I further **DO** **DO NOT** authorize Jerome Township Fire to contact my present employer. I release said organizations and persons from liability resulting from a good faith response to any inquiry I have authorized.

Signature of Applicant: _____ Date ____/____/____

Background Check Authorization

I hereby consent and authorize the Jerome Township Division of Fire, its affiliates, and its agents, to secure information pertaining to my character and background. I understand that the information supplied by me can be utilized in conducting a comprehensive background investigation. An investigative consumer report may be prepared concerning my character, general reputation, personal characteristics, and mode of living. This investigation may include, but will not be limited to; a criminal record search, a social security number verification, an employment consumer credit history, a motor vehicle driving record history, past employment, educational and professional reference verifications, national security watch list database research, drug screening, as well as the confirmation of any information supplied by me on this or any other Jerome Township Division of Fire application form. I release from liability any and all persons, companies, and corporations that supply information regarding my history as a result of this investigation. I understand that any information discovered is done so through human intelligence sources, electronic databases and on-site public record research. I further release and indemnify Jerome Township Division of Fire, its affiliates, and its agents against any liability that may result from conducting this investigation.

Signature of Applicant

____/____/____
Date

____/____/____
Date of Birth