



Employment Application

Kingsville Township Fire
An Equal Opportunity Employer
3130 East Main Street
Kingsville, OH 44048
Station: (440) 224-0775

Application Must Be Fully Completed

Please Print or Type

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (____) _____ Email Address: _____

Date available for work: _____ Are you on a lay-off and subject to recall? YES NO

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-op

Are you over age 18? YES NO

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If Yes, give date: _____ Position applied for: _____

Have you ever been employed here before? YES NO

If Yes, give date: _____ From: _____ To: _____

Do you have any relatives now employed with Kingsville Township? YES NO

If Yes, give name, department and relationship: _____

Are you leagally eligible for employment in this country? YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment)

If required, will you undergo a post-offer pre-employment physical with drug test? YES NO

If you answer YES to any of the following questions, please give details on bottom of Page Two.

Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory conduct or performance? YES NO

Have you ever been convicted of a crime? * YES NO

**Do not include anything that happened before your 18th birthday or traffic violations of less than \$100. Conviction does not necessarily disqualify you from employment.*

Educational Background

CIRCLE HIGHEST SCHOOL YEAR COMPLETED:

Elementary 1 2 3 4 5 6 7 8

High School 9 10 11 12

College/University 1 2 3 4

	SCHOOL NAME & ADDRESS	DIPLOMA/DEGREE	COURSE	GPA/RANK
HIGH SCHOOL		YES NO		
TRADE SCHOOL		YES NO		
BUSINESS OR TECHNICAL		YES NO		
COLLEGE/UNIV		DEGREE:	MAJOR:	

If you did not receive a diploma from a high school, did you receive a high school equivalency diploma (GED)?

YES NO Number: _____ Granting Agency: _____

References

List three persons, other than supervisors listed on Page Three, who are not related to you by blood or by marriage, whom we are free to contact and who have knowledge of your character, experience, or ability. Persons familiar with your present or past job performance are strongly preferred.

FULL NAME	COMPLETE HOME ADDRESS	OCCUPATION	PHONE NO.

This space may be used to explain your answers to any items on this application. (Additional sheets may be used.)

Employment History

In the space provided below, give a complete record of employment for not less than the past 15 years, beginning with your present or most recent employment and working back. Account for all periods, including self-employment, unemployment and service with the U.S. Armed Forces. Use additional sheets if necessary.

Employer: Telephone: ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities.
Address:		
Job Title(s)	Starting Pay	
Immediate Supervisor and Title	Final Salary	
Reason for Leaving	May we contact? YES NO	
Employer: Telephone: ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities.
Address:		
Job Title(s)	Starting Pay	
Immediate Supervisor and Title	Final Salary	
Reason for Leaving	May we contact? YES NO	
Employer: Telephone: ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities.
Address:		
Job Title(s)	Starting Pay	
Immediate Supervisor and Title	Final Salary	
Reason for Leaving	May we contact? YES NO	
Employer: Telephone: ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities.
Address:		
Job Title(s)	Starting Pay	
Immediate Supervisor and Title	Final Salary	
Reason for Leaving	May we contact? YES NO	

Special Qualifications and Skills

- A. Do you have a valid driver's license? YES NO Number: _____
Type of license: Regular Commercial (CDL) State: _____
- B. Do you have a valid fire certification through the Ohio Department of Public Safety?
Certification Number _____ Expiration Date _____
Level: 36 / FF1 / FF2
- C. Do you have a valid EMS certification through the Ohio Department of Public Safety?
Certification Number _____ Expiration Date _____
Level: EMR / BASIC / MEDIC
- D. List any other certifications or licenses you possess that you feel are pertinent to the position you are applying for.
- E. List any special machines or equipment which you are skilled in operating.

My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for Kingsville Township and the Kingsville Township Fire Department to investigate the facts submitted; and for those with relevant information (including but not limited to, physicians, hospitals and my prior employers) to release such information to Kingsville Township and the Kingsville Township Fire Department.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be "at will" and that either I, or my employer, may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me, or my authorized representative, and by a duly authorized officer of Kingsville Township or the Kingsville Township Fire Department.

Signature of Applicant

Date Signed

Social Security Number: _____ - _____ - _____

KINGSVILLE TOWNSHIP

Equal Employment Opportunity Questionnaire

The following information would be appreciated on a voluntary basis for compliance with governmental reporting requirements such as for Equal Employment Opportunity (EEO) Reports. It will be detached when your application is filed, and it will not be considered in the employment process.

1. Your name _____ (optional)
2. Job applied for _____
3. Sex (please circle) Male Female
4. Describe yourself in terms of one of the following groups (please circle)

American Indian/Alaskan Native	Hispanic/Spanish Surnamed
Black/African American	Asian/Pacific Islander
White/Caucasian	Other: _____
5. How did you hear about this job?

Date: _____