

RAVENNA TOWNSHIP FIRE DEPARTMENT

Application for Employment

Date: _____

Date Received: _____

Received By: _____

Position Applied For: _____

Available Hours: _____ Days _____ Evenings _____ Weekends

Name: _____

Last

First

Middle Initial

Address: _____

Number

Street/PO Box #

Apartment #

City

State

Zip

Telephone: () _____

E-mail address

Are you 18 years of age or older: _____ Yes _____ No

Do you have a valid Ohio Driver's License: _____ Yes _____ No

Do you have any points on your license, if so how many? _____

Have you ever been employed by Ravenna Township: _____ Yes _____ No

If yes, date: _____

Department: _____

In what position: _____

EDUCATION

High School: _____ Address: _____

Diploma: _____ G.E.D. _____
Yes/No Yes/No City State Zip

College: _____ Address: _____

Degree: _____ Major: _____
City State Zip

Other Education: _____ Address _____

Degree: _____ Major: _____
City State Zip

List any additional training; certificate; and/or licenses you hold: _____

Do you currently hold an Ohio Emergency Medical Service Certificate?

First Responder _____ EMT Basic _____

EMT Intermediate _____ EMT Paramedic _____

Do you currently hold an Ohio Fire Service Certificate?

36 hr. FF _____ 120 hr. FF 1 _____

240 hr. FF 1 and 2 _____

WORK EXPERIENCE

Start with your present or last employer. Include military service assignments and volunteer activities.
Exclude organization names which indicate race, color, religion, sex or national origin.

Employer: _____

Address: _____

Street

City

State

Zip

Position: _____ Rate of Pay: _____ Start

Telephone number: _____ Final

Dates employed: From _____ To: _____

Reason for leaving this employment: _____

Employer: _____

Address: _____

Street

City

State

Zip

Position: _____ Rate of Pay: _____ Start

Telephone number: _____ Final

Dates Employed: From: _____ To: _____

Reason for leaving this employment: _____

Employer: _____

Address: _____

Street

City

State

Zip

Position: _____ Rate of Pay: _____ Start

Telephone: _____ Final

Date employed: From: _____ To: _____

Reason for leaving this employment: _____

EXPERIENCE

Describe any previous experience you may have for the position you are applying for:

Describe any special skills or abilities you may have for the position you are applying for:

Describe any special training you have received for the position you are applying for:

REFERENCES

List three (3) references who are not related to you and are not previous employers

Name: _____

Address: _____
Street City State Zip

Phone: _____
Day Evening

How long have you known this person: _____

Name: _____

Address: _____
Street City State Zip

Phone: _____
Day Evening

How long have you known this person: _____

Name: _____

Address: _____
Street City State Zip

Phone: _____
Day Evening

How long have you known this person: _____

In case of emergency, please notify the following: Name: _____

Address: _____ Phone: _____
Street City State Zip

I solemnly swear or affirm that the answers I have provided to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby grant Officials of Ravenna Township the ability to obtain and receive a full background check. I also grant officials of Ravenna Township the ability to make detailed inquiries to any of my present or former employer(s) as to my previous work record. I understand that this application is held for a period of two (2) years from the date of receipt by Ravenna Township, then disregarded. I understand that any falsifying of this application or any blemishes found on the background check or references can terminate any further consideration of this application, and may be used for dismissal after appointment.

Signature

Print Name

Date

Witness Signature

Print Name

Date