

PERRY FIRE DISTRICT

3742 Center Road
Perry, Ohio 44081
(440) 259-2880
Fax (440) 259-3680

CONCORD TOWNSHIP FIRE DEPT.

11600 Concord Hambden Road
Concord Township, Ohio 44077
(440) 354-7504
Fax (440) 354-7507

MADISON FIRE DISTRICT

33 N. Lake Street
Madison, Ohio 44057
(440) 428-1522
Fax (440) 428-2227

The following information describes the hiring process for the Concord Township Fire Department, the Perry Fire District and the Madison Fire District.

Copies of the following, along with a complete application, including your signature, are required for your application to be processed. All the required documentation must be kept up to date during the hiring process.

1. Ohio Driver's License
Applicant MUST maintain the minimum level of auto insurance required by the State of Ohio and MUST be insurable by the Fire Departments applied for.
2. State of Ohio, Department of Public Safety Certificate:
EMT, Advanced EMT, or Paramedic (include a copy of your ACLS card)
3. State of Ohio, Department of Public Safety Certificate:
Firefighter Level II (240 Firefighting Class)
4. Current CPR Card
5. Certification of completion of Firefighting Physical Agility Testing from Cuyahoga Community College
 - Contact Cuyahoga Community College at (216) 987-5063 for dates, times and cost
 - Certification time MUST be four and 1/2 minutes (4.5) minutes or less
6. NIMS – 700, 800, 100, 200
Available online at www.fema.gov/emergency/NIMS

Items 1 -5 must be valid at time of application AND maintained while employed with the Concord Township Fire Department, Perry Fire District or Madison Fire District.

Fire Departments Applying For: Concord Twp. Perry Fire Madison Fire

Position(s) Applied For: _____ Date of Application: _____

Name: _____
Last First Middle

Address _____
Street City Zip

Home: () _____ Social Security Number: _____
Area Code

Cell: () _____
Area Code

If necessary, best time to call you at home is: _____

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

May we contact you at work? YES NO

If Yes, work number and best time to call: () _____ Time: _____
Area Code

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: _____

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

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

Have you ever served in the U.S. Armed Forces? YES NO

If yes, what branch and type of discharge: _____

Are you currently a member of the U.S. Reserves,
National Guard or State Guard Organization? YES NO

If yes, what service, component and grade: _____

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

Are you willing to accept a "no smoking" regulation in the workplace? YES NO

If you answered YES to any of the following questions, please give details on bottom of Page 3.

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 9 10 11 12

College/University 1 2 3 4

Graduate/Professional 1 2 3 4

SCHOOL NAME & ADDRESS		DIPLOMA/ DEGREE	COURSE	GPA/ RANK
High or Trade School		YES <input type="checkbox"/>		
		NO <input type="checkbox"/>		
Business or Technical		YES <input type="checkbox"/>		
		NO <input type="checkbox"/>		
College or University		DEGREE:	MAJOR:	
Graduate School/Other		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 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 BUSINESS OR HOME ADDRESS	OCCUPATION	PHONE NO.

This space may be used to explain your answers to any questions on this Application. (Additional sheets may be used if necessary.)

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		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title (s)		Starting Salary \$ Per		
Immediate Supervisor and Title		Final Salary \$ Per		
Reason for Leaving		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title (s)		Starting Salary \$ Per		
Immediate Supervisor and Title		Final Salary \$ Per		
Reason for Leaving		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title (s)		Starting Salary \$ Per		
Immediate Supervisor and Title		Final Salary \$ Per		
Reason for Leaving		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title (s)		Starting Salary \$ Per		
Immediate Supervisor and Title		Final Salary \$ Per		
Reason for Leaving		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title (s)		Starting Salary \$ Per		
Immediate Supervisor and Title		Final Salary \$ Per		
Reason for Leaving		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Fire & EMS Training

Training/Course Name	Location	Dates	Certification #/Expiration Date
Firefighter I or II			
EMT or Paramedic			
CPR			
Hazmat/Tech			
Hazmat Operations			
Fire Inspector			
Fire Investigator			

Special Qualifications and Skills

Please list any additional training: _____

Driver's License Number: _____ Expiration Date: _____ State: _____

List licenses, registrations or certifications which you possess. Also, list the State or other licensing authority which granted it.

Describe any computer experience you may have had.

Give any other special qualifications not covered elsewhere in your application, such as: (1) your publications; (2) your patents or inventions; (3) public speaking and public relations experience; (4) membership in professional, trade, or scientific organizations; (5) honors and fellowships received.

CERTIFICATION OF APPLICANT

I hereby certify that all information furnished in this application is true to the best of my knowledge and any misstatement of fact contained in this application may be sufficient cause for rejection of employment or termination.

I authorize any employer, branch of the armed forces, personal reference, school, department, agency, or organization as listed in this application to release any needed information to the departments for which I applied.

I understand that the departments for which I applied considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

I recognize that, should I be hired, my employment is "at-will". I will be free to resign my employment for any reason at any time, just as the departments for which I applied will be free to terminate my employment for any reason at any time.

Date _____

Signature of Applicant _____

FOR OFFICE USE ONLY:

DATE RECEIVED

APPLICATION RECEIVED BY

Forward to: Concord _____
Initial

Perry _____
Initial

Madison _____
Initial