



Madison Township Fire Department Franklin County, Ohio

4567 Firehouse Lane | Groveport, Ohio | 43125

Application for Employment “An Equal Opportunity Employer”

Please print all information.

Personal

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone Number: _____

Are you over 18 years of age? Yes No

Are you legally allowed to work in the United States? Yes No

Position(s) applied for: _____

Full-Time Part-Time Other

Date you are available to start work: _____

Education

| Type of School | Name and Location | Course of Study | Did you graduate? |
|----------------|-------------------|-----------------|-------------------|
| High School | | | |
| College | | | |
| Other | | | |

Please check that you have the following qualification documents:

- A valid driver’s license
- Firefighter II certification
- EMT-B
- Paramedic certification
- BCI background check from your county of residence
- State of Ohio Driver’s Abstract

Prior Employment

Are you employed at the present time? Yes No

Have you ever been bonded in prior employment? Yes No

If YES, list name(s) of employer(s): _____

Prior Employment (start with most recent)

Employer: _____ Phone Number: _____

Address: _____

Supervisor: _____ Position: _____

From/To: _____

Reason for Leaving: _____

Primary Job Duties: _____

Prior Employment

Employer: _____ Phone Number: _____

Address: _____

Supervisor: _____ Position: _____

From/To: _____

Reason for Leaving: _____

Primary Job Duties: _____

Prior Employment

Employer: _____ Phone Number: _____

Address: _____

Supervisor: _____ Position: _____

From/To: _____

Reason for Leaving: _____

Primary Job Duties: _____

Military Service

Branch of Service: _____

From/To: _____ Rank: _____ Date of Discharge: _____

NOTE: Attach an additional sheet if necessary.

(CONTINUED ON NEXT PAGE)

References

List three (3) non-family references who have known you for at least two (2) years.

Name: _____

Relationship: _____ Years Known: _____

Phone Number: _____ Email Address: _____

Place of Work: _____ Position: _____

Name: _____

Relationship: _____ Years Known: _____

Phone Number: _____ Email Address: _____

Place of Work: _____ Position: _____

Name: _____

Relationship: _____ Years Known: _____

Phone Number: _____ Email Address: _____

Place of Work: _____ Position: _____

I confirm that the above information is true and complete to the best of my knowledge. Should I be employed, any misrepresentation or false statement contained herein may be considered just cause for termination of my employment.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Madison Township and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I also authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Madison Township or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Date: _____ Signature of Applicant: _____