

**Newton Township Fire Department**  
PO Box 182  
1 Firehouse Drive  
St. Louisville, OH 43071

**APPLICATION FOR EMPLOYMENT**

Print Clearly. Press firmly and answer all questions. Attach supplemental pages if necessary.

1. Name \_\_\_\_\_  
Last First Middle Initial

Have you ever been known under any other name Yes/No? Other name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

2. Telephone Number \_\_\_\_\_  
Home Alternate

E-mail Address \_\_\_\_\_

3. Social Security Number \_\_\_\_\_ Class License \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State D. CDL. Exp Date \_\_\_\_\_

4. Position or type of work for which you are applying \_\_\_\_\_  
\_\_\_\_\_

5. When will you be available? \_\_\_\_\_

6. Applying for: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteer \_\_\_\_\_

7. Have you worked for Newton Township \_\_\_\_\_, the State of Ohio \_\_\_\_\_, or any other political subdivision \_\_\_\_\_ before? If yes, when? \_\_\_\_\_  
Name/Address \_\_\_\_\_

8. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have legal authorization to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

10. Emergency Contact: Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

11. Have you been convicted of any crime, including any traffic violations that are charged as a felony, within the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in full: \_\_\_\_\_  
\_\_\_\_\_

Criminal convictions are not necessarily a bar to employment; each case will be reviewed on an individual basis.

12. Military Service Information - Branch of Service: \_\_\_\_\_  
Type of Separation \_\_\_\_\_ Served from: \_\_\_\_\_ To: \_\_\_\_\_  
Highest Rank Achieved \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reserve or National Guard Status \_\_\_\_\_

An individual's past, present or future uniformed service duty or obligation will not be a negative factor in any hiring decision. This includes members of the Reserve and National Guard, veterans, and those who report for enlistment or entry testing.

13. Employment History - Account for all times for the past ten years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with PRESENT position or occupation. In addition, list any other qualifying experience prior to last 10 years. (If you need additional room, use a separate sheet of paper). A resume' is both welcomed and urged in addition to completion of this application. It will become an official part of this application.

A. Employer Name and telephone no.: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Street City State Zip  
Supervisor's Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y N  
Duties \_\_\_\_\_  
Reason for leaving, if not currently employed \_\_\_\_\_

B. Employer Name and telephone no. \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Street City State Zip  
Supervisor's Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y N  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

C. Employer Name and telephone no.: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street

City

State

Zip

Supervisor's Name \_\_\_\_\_

Hourly wage \_\_\_\_\_

Your job title \_\_\_\_\_

from \_\_\_\_\_

to \_\_\_\_\_

May we contact?  Y  N

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

D. Employer Name and telephone no.: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street

City

State

Zip

Supervisor's Name \_\_\_\_\_

Hourly wage \_\_\_\_\_

Your job title \_\_\_\_\_

from \_\_\_\_\_

to \_\_\_\_\_

May we contact?  Y  N

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

13. Education

Name of High School \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Did you graduate? Yes  No

GED obtained? Yes  No

Course of Study \_\_\_\_\_

A copy of your H.S. Diploma or Certificate of Equivalent must be submitted with this application.

Name of College \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Did you graduate? Yes  No

Dates attended \_\_\_\_\_

Course of

Study \_\_\_\_\_

Type of Degree \_\_\_\_\_

Graduate School \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Did you graduate? Yes  No

Dates attended \_\_\_\_\_

Course of

Study \_\_\_\_\_

14. References: *Do not use relatives or past employers listed previously.* These people should be able to speak to your qualifications for employment with Newton Township.

Name

Address

Tel No.

Name

Address

Tel No.

Name

Address

Tel No.

15. Please explain any additional knowledge, skills and abilities not previously discussed which may be of a qualifying nature or helpful to you in establishing your eligibility for employment. Include projects, hobbies, community or volunteer activities, etc. Exclude those that would indicate race, color, religion, or national origin.

---

---

---

---

---

---

---

---

For positions in the Fire and EMS department complete the following for any certifications.

<u>Type of Certification</u>	<u>Certification No.</u>	<u>Expiration Date</u>	<u>Copy Attached</u>
------------------------------	--------------------------	------------------------	----------------------

---

---

---

17. Attention: Read the following statement before signing this application:

- A. I understand that this is an application and is not intended to be a contract of employment. I also understand that this application does not obligate Newton Township in any way should the Township decide to employ me.
- B. I understand and agree that Newton Township, its authorized representative, agent, or employee may make a thorough investigation of my past employment and activities. This may include, but is not limited to, a motor vehicle operator's license record check, a criminal background check, as well as verification of past employment and qualifications. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application to release any and all information, personal or otherwise, that may or may not be on their records to the Township. I release all law enforcement agencies, previous employers and educational institutions from any and all liability to me arising out of the release of such information.
- C. I understand that employment pursuant to this application may be conditioned upon my passing a physical examination in order to evaluate my capability of performing my expected job duties, and upon successfully passing a drug screen. I hereby authorize my current physician and/or other person who has attended, examined, or tested me to release personal health information related to physical examinations and drug screens requested by Newton Township.

## CRIMINAL/TRAFFIC HISTORY

FOR THE FOLLOWING QUESTIONS, ANSWER "YES" OR "NO".

1. Have you ever been convicted of a felony? \_\_\_\_\_
2. Have you ever been convicted of any criminal offense? \_\_\_\_\_  
(i.e. theft offenses, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing conversion of trust, offense involving military justice or any other criminal offenses).
3. Have you ever been convicted of any traffic offense? \_\_\_\_\_  
(i.e. operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus, receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations)
4. Have you ever been committed to any penal institution for the conviction of either a felony or misdemeanor?

If the answer to any of the above is "Yes", (Questions 1, 2, 3 & 4) Complete Below:

Date	Offense or Charge	Police Agency City, County, State	Disposition Or Sentence

(If additional space is required, Please add on back or separate page.)

D. I hereby release Newton Township, its agents, and employees from any and all liability or damages, which may result from exchange of all information requested pursuant to this application. I certify that all statements contained herein or provided to Newton Township in response to this application for employment are true and complete to the best of my knowledge. I understand that a false answer or material omission may be grounds for immediate dismissal from employment with Newton Township regardless of when the information is discovered.

---

Signed

Date

  

---

  

---