

OFFICIAL USE ONLY

NAME: _____ DATE RECEIVED: _____ CERTIFICATION LEVEL: FIRE II / BASIC / MEDIC



650 West Main Street

Plain City, Ohio 43064

(614) 873-4067

Dear Applicant,

On behalf of the Pleasant Valley Joint Fire District we would like to thank you for showing interest in employment with our department. We would also like to take this opportunity to inform you of our minimum hiring requirements. In order to apply for a part-time firefighter/EMT position with the Pleasant Valley Joint Fire District you must hold, at a minimum, a State of Ohio Emergency Medical Technician – Basic certification and a State of Ohio Firefighter II certification throughout the duration of employment. The hiring committee requests that you supply us with a copy of your two certifications with your application when you submit it to the Pleasant Valley Joint Fire District. Along with a copy of your EMS and fire certification you will need to include a copy of your current valid Ohio driver's license and a copy of your high school diploma or GED certificate. If it is possible for you to obtain a copy of your driving abstract from the Bureau of Motor Vehicle please do so, this will speed up the hiring process during the later stages. Again we would like to thank you for showing interest in the Pleasant Valley Joint Fire District and we hope to receive your application back soon.

The Pleasant Valley Joint Fire District

Hiring Committee

PERSONAL INFORMATION

Application Date: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Numbers: Home: () _____ Cell: () _____

E-Mail Address: _____

- Position Applying For:
- Part-Time Firefighter/EMT
 - Full-Time Firefighter/EMT
 - Civilian Position

Date Available: _____ Expected Pay Rate: _____

Are you currently twenty-one (21) years of age: Yes
 No

Are you a citizen of the United States: Yes
 No

Are you capable of performing the essential job functions of the position for which you are applying?
 Yes
 No

If No, what reasonable accommodations can be made which will enable you to perform the essential functions of the position in which you are applying? _____

LICENSES AND CERTIFICATIONS

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

Ohio Department of Public Safety Fire/EMS Certification Number: _____

Expiration Dates: Fire: _____

EMS: _____ Basic Intermediate Medic

EDUCATION

Name of High School Attended: _____

Address, City, State, Zip: _____

What was the last grade you completed: 9th
 10th
 11th
 12th

College Education:

Name of School: _____

Major of Study: _____

Last Grade Completed: _____

What level of degree did you receive: _____

List any awards, citations, and/or honors you received:

WORK EXPERIENCE

List all employers you've had in the last 5 years, in chronological order. Use additional paper if needed.

1.	From (mm/yy) _____ Position _____ Supervisor _____	To (mm/yy) _____ Salary _____	Employer _____ Reason for Leaving _____ May we contact this employer _____
2.	From (mm/yy) _____ Position _____ Supervisor _____	To (mm/yy) _____ Salary _____	Employer _____ Reason for Leaving _____ May we contact this employer _____
3.	From (mm/yy) _____ Position _____ Supervisor _____	To (mm/yy) _____ Salary _____	Employer _____ Reason for Leaving _____ May we contact this employer _____
4.	From (mm/yy) _____ Position _____ Supervisor _____	To (mm/yy) _____ Salary _____	Employer _____ Reason for Leaving _____ May we contact this employer _____
5.	From (mm/yy) _____ Position _____ Supervisor _____	To (mm/yy) _____ Salary _____	Employer _____ Reason for Leaving _____ May we contact this employer _____

Have you ever been asked to resign or have you been dismissed from any of the above employers? If yes please explain below.

RESIDENCY INFORMATION

List in chronological order ALL places of residence in the last 5 years, including address while attending school.

Complete Address: _____

Dates: From (mm/yyyy) _____

To (mm/yyyy) _____

Landlord: _____

Complete Address: _____

Dates: From (mm/yyyy) _____

To (mm/yyyy) _____

Landlord: _____

Complete Address: _____

Dates: From (mm/yyyy) _____

To (mm/yyyy) _____

Landlord: _____

If you need more space please attach another sheet of paper.

CRIMINAL HISTORY

Have you ever had your license suspended? Yes No

If yes please explain _____

Have you ever received a traffic citation? Yes No If yes explain below

Citation Received	Date	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Have you ever been arrested or charged with any violation other than a traffic violation?

Yes No If yes please explain

Have you ever committed or conspired to commit any of the following crimes?

- | | | |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Sodomy | <input type="checkbox"/> Other Sex Crimes | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Burglary | <input type="checkbox"/> Grand Theft |

If yes to any of the above please explain.

Have you ever been involved in any type of situation from which someone could blackmail you?

Yes No If yes please explain

Have you ever been the plaintiff or defendant in a civil lawsuit?

Yes No If yes please explain

Have you ever used marijuana? Yes No If yes complete below

When was the first time? _____

Approximately how many times did you use marijuana? _____

When was your last use? _____

Have you ever purchased marijuana? Yes No

Have you used any other type of illegal substances? Yes No

If yes complete below

Type of Substance: _____

When was your first use? _____

Approximately how many times did you use? _____

When was your last use? _____

Have you ever purchased this substance? Yes No

When did you make this purchase? _____

Did you ever sell this substance? Yes No

Have you ever received treatment for use of drugs and/or alcohol? Yes No

If yes please explain: _____

REFERENCES

Provide three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults or reputable standing in their communities, such as property owners, business or professional men/women who have known you for at least five (5) years.

Name	Complete Address	
_____	_____	
Phone Number	Years Known	Acquainted How?
_____	_____	_____
Name	Complete Address	
_____	_____	
Phone Number	Years Known	Acquainted How?
_____	_____	_____
Name	Complete Address	
_____	_____	
Phone Number	Years Known	Acquainted How?
_____	_____	_____

MEDICAL INFORMATION

Emergency Contact Person Name and Number: _____

Last Physician's Visit Date: _____ Last Vision Screening Date: _____

Physician's Information

Name: _____

Address: _____

Office Phone Number: _____

List any medical conditions/history: _____

CONSENT TO THE RELEASE OF INFORMATION

I solemnly swear and affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding colleges or universities which I attended or past employers from disclosing any knowledge of information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Pleasant Valley Joint Fire District. I understand that failure to list any information or listing any untrue/false information would result in my disqualification from consideration for employment with the Pleasant Valley Joint Fire District and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

PRE-EMPLOYMENT POLYGRAPH RELEASE

Name (Print) _____ Date: _____

I understand that I do not have to submit to a polygraph examination. However, I agree to submit to this examination on my own free will and accord, in order to assist the Pleasant Valley Joint Fire District in their selection of the best possible candidates for employment.

It is my intention to answer all questions truthfully and to the best of my knowledge during this examination.

As a further consideration and inducement to have this polygraph examination conducted, I wish to state that I know of no reason why my mental or physical condition would have an adverse effect of the results of the polygraph examination. Nor do I know of any reason why the polygraph examination would have an adverse effect on my mental or physical condition.

I hereby knowingly and intelligently submit to this polygraph examination, and I completely release and absolve the Pleasant Valley Joint Fire District and its employees from all liability connected in any manner, either directly or indirectly, with the conduct of this examination.

Signature: _____

Date: _____ Time: _____

Witness Name (print): _____

Witness Signature: _____

Witness Name (print): _____

Witness Signature: _____

BACKGROUND RELEASE

I hereby give my permission for authorized agents of the Pleasant Valley Joint Fire District including any other agents deemed necessary (Sheriff, State Patrol etc.) to conduct an investigation of my background, including education, employment, health, credit, reputation, military records and any other factors which agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application fro the position of firefighter with the Pleasant Valley Joint Fire District, Plain City, Ohio.

I give my permission for any person, business, or institution contacted in the course of such investigation to release any and all information properly requested, and Photostats of same if requested, and do hereby release such person, business, or institution from all liability fro providing correct information.

I recognize the right of any agency to treat, at its discretion certain sources as confidential, and its rights to withhold from me or my agents the names of such confidential sources, and information obtained there from.

Signature: _____

Date: _____

Time: _____

Witness Name (print): _____

Witness Signature: _____

Witness Name (print): _____

Witness Signature: _____

APPLICANT RELEASE

I, _____ residing at, _____
for the last ____ years, have applied for employment with the Pleasant Valley Joint Fire District.

I have been instructed and understand that a representative of the Pleasant Valley Joint Fire District will be conducting a thorough investigation into my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended, physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury, police or courts with whom I may have arrest or conviction records, credit bureaus and/or firms who may have information regarding my credit and/or financial standing, present or previous employers, and other persons who may be able to provide information about me which the Pleasant Valley Joint Fire District desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician or other person who treated me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by the Pleasant Valley Joint Fire District. I further consent that the Chief of the Pleasant Valley Joint Fire District, or his/her representative, be provided with a copy of any such record concerning me upon request.

I further release, discharge and exonerate the Pleasant Valley Joint Fire District, its agents, officers and representatives and any person, agency, company or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the Pleasant Valley Joint Fire District.

I recognize the right of the Pleasant Valley Joint Fire District to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agents the names of such confidential sources, and information obtained there from.

Signature: _____

Date: _____

Time: _____

Witness Name (print): _____

Witness Signature: _____

EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION INFORMATION

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping please answer the following questions as they apply. This form will be retained in confidential file separate from your employment application.

COMPLETION OF THIS FORM IS VOLUNTARY

Name: _____

Social Security Number: _____

Position which you are applying: _____

Sex: Male Female Date of Birth: _____

RACE/ETHNIC GROUP:

- White – persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black – persons having origins in any of the black racial groups of Africa.
- Hispanic – persons of Mexican, Puerto Rican, Cuban, Central or South America or Spanish culture of origin, regardless of race
- American Indian or Alaskan Native – persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander – persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

Please include copies of the following with your completed application:

1. Fire Certification
2. EMS Certification
3. High School Diploma/GED Certificate
4. Driver's License
5. Additional education, certifications, or training that is relative to your employment with PVJFD