



Harrison Township Fire Department

Application for Employment

Form #
1000-13-15

Harrison Township Division of Fire
3625 S.R. 752
Ashville, Ohio 43103
(740) 983-4115 (p)
(740) 983-8114 (f)

The Harrison Township Fire Department requires the following criteria to submit an application. All criteria must be completed and attached to be processed and considered for employment. Should you have any questions or problems obtaining this information, please contact the fire station business line for assistance.

- Valid and current copy of your Ohio Driver's License
- Valid and current copy of your State of Ohio Emergency Medical Services Card
- Valid and current copy of your State of Ohio Firefighter's Card
- Current Drivers Abstract
- Completed B.C.I. Background Check
- Office of Inspector General Exclusion List Form

ALL APPLICATIONS WILL BE KEPT ON FILE FOR ONE (1) YEAR UNLESS UPDATED BY THE APPLICANT

DEPARTMENT USE ONLY

APPLICANT NAME: _____

DATE APPLICATION RECEIVED: _____

APPLICATION RECEIVED BY: _____

APPLICANT'S PHONE #: _____

TEST/PRACTICAL AVERAGE: _____



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HARRISON TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM

Position Sought: _____

Name: _____

Last

First

Middle Initial

Home Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Cell Work

Social Security Number _____ - _____ - _____ (optional) Driver's License #: _____

Are you at least 18 years of age? Yes No Desired Start Date: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN ORDER, INCLUDING MILITARY EXPERIENCE, BY DATE, STARTING WITH YOUR MOST RECENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT HISTORY MAY BE GROUNDS FOR DISQUALIFICATION.

Current Employer: _____

May we contact your current employer? Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Beginning Salary: _____ per _____

Supervisor's Name: _____ Current Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why do you want to leave?

Previous Employer: _____

May we contact your previous employer? Yes No



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Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Beginning Salary: _____ per _____

Supervisor's Name: _____ Ending Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

Previous Employer: _____

May we contact your previous employer? Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Beginning Salary: _____ per _____

Supervisor's Name: _____ Ending Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

Previous Employer: _____

May we contact your previous employer? Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Beginning Salary: _____ per _____

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Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

Previous Employer: _____

May we contact your previous employer? Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Beginning Salary: _____ per _____

Supervisor's Name: _____ Ending Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE ANOTHER SHEET OF PAPER AND ATTACH WITH THE APPLICATION. BE SURE TO INCLUDE INFORMATION ASKED IN THE HEADINGS ABOVE ON YOUR SHEET.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE HARRISON TOWNSHIP INFORMATION ABOUT THE EDUCATION AND TRAINING YOU HAVE COMPLETED, AS WELL AS DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES YOU POSSESS TO PERFORM THE DUTIES OF THE POSITION IN WHICH YOU ARE APPLYING.

High School Attended: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? Yes No High School Equivalency: Yes No

Courses pertaining to the position applied for: _____



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Extracurricular activities, clubs, clubs awards or offices held: _____

College or Trade School Attended: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Did You Graduate? Yes No Degree: _____

Courses pertaining to the position applied for: _____

Extracurricular activities, clubs, clubs awards or offices held: _____

Graduate School(s) Attended: _____

Address(es): _____

Did You Graduate? Yes No Degree(s): _____

PLEASE USE THE FOLLOWING SECTION TO PROVIDE HARRISON TOWNSHIP WITH ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK AND SO ON, THAT YOU POSSES OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.



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PERSONAL INFORMATION

THE FOLLOWING SECTION IS INTENDED TO GIVE HARRISON TOWNSHIP INFORMATION REGARDING SPECIFIC DETAILS TO YOUR BACKGROUND AND PERSONAL INFORMATION. ALL SECTIONS MUST BE COMPLETED TRUTHFULLY. ANY MISREPRESENTATION MAY BE GROUNDS FOR DISQUALIFICATION.

Do you have any existing commitments, such as school or a second job, which may interfere with, or adversely affect your employment should we select you for a position?

Yes No If yes, please explain: _____

Do you possess and valid driver's license? Yes No

If no, are you able to obtain one prior to employment? Yes No

Are you eligible for work in the United States? Yes No

REFERENCES

PLEASE LIST BELOW, THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR.

Name: _____ Phone: _____ Occupation: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Occupation: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Occupation: _____

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PLEASE READ EACH OF THE FOLLOWING CLAUSES CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONDITIONS OF EACH CLAUSE BY PLACING YOUR INITIALS AT THE END OF EACH STATEMENT. IF YOU HAVE ANY QUESTIONS, CONTACT HARRISON TOWNSHIP BEFORE INITIALING THE CLAUSE.

1. I understand that, if I am selected for employment, my employment may be conditioned upon my passing a medical and/or psychological examination that the employer deems necessary to determine whether I can physically and/or mentally perform the essential functions of the position, with reasonable accommodation, when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.
Initials: _____
2. If employed, I understand and accept that I may be required to work evening shifts, night shift, weekends, holidays, be on call and/or work mandatory overtime hours.
Initials: _____
3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer I may be subject to disciplinary action, up to and including termination, if any information required by this application has been falsified or intentionally excluded.
Initials: _____
4. I understand and accept that Harrison Township requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with Harrison Township require that Harrison Township's employees do not have a previous record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for, it may be necessary for Harrison Township to investigate my background for any criminal or unlawful activity.
Initials: _____
5. I hereby authorize all of the employers, schools and personal references named in this application to provide information regarding me to Harrison Township. I further authorize the release of personnel, academic and other records to the employer.
Initials: _____

I solemnly swear that all of the information furnished on this application is true, accurate and complete to the best of my knowledge. I authorize the Harrison Township Fire Department, Harrison Township Board of Trustees and any other agency representing Harrison Township to conduct investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided in this application may lead to disqualification from the hiring process, withdrawal of an employment offer or termination following employment. I recognize and accept that my future employment with Harrison Township will be jeopardized if I engage in substance, illicit drug or alcohol abuse during my tenure with Harrison Township.

Applicant's Signature

Date: _____



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Office of Inspector General Exclusion Form

HTFD Form 1000-15-55

The Harrison Township Fire Department will need a generated report from the Office of Inspector General about Exclusion from Medicare, Medicaid and all other federal health care programs.

Follow the following steps to obtain the generated report from the OIG's website.

- Go to: oig.hhs.gov
- Mouse over 'Exclusions' Tab at the top of the page.
- Click 'Online Searchable Database'
- Enter your last name AND first name, Click Search.

If no results are found, print the page and attach it to this form.

- If your name is flagged as an excluded individual click on 'Verify' on the right side under 'SSN/EIN'.
- Enter your Social Security Number and click verify.

Print the results and attach it to this form.

Print

Sign

Date



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Personal Background Information Release Form

HTFD Form 1000-13-27

As an applicant for the position of Firefighter with the Harrison Township Fire Department, Ashville, Ohio, I, _____, hereby authorize the release of any information relative to the following

1. My past and/or present employment record and performance.
2. My service with the branch of any Armed Forces, including physical, disciplinary action, court martial, discharges, etc.
3. Treatment and/or examination by any physician, hospital or person who may have information regarding my health or physical condition, past or present.
4. My character, conduct; both socially and professionally, habits and associations, including, but not limited to, financial responsibilities, credit rating and past or present debts and the likeness thereof.
5. My honesty, integrity, reliability and responsibility or any other information which may be pertinent to my employment as Firefighter.
6. Check on any traffic violations or criminal records.

Name: _____

Driver's License #: _____

SSN: _____ - _____ - _____ (optional)

Signature: _____

Date: _____

IN THIS SECTION TELL US WHAT YOU ARE AVAILABLE TO WORK BY ANSWERING THE FOLLOWING

- I am interested in reserve part-time where I work a minimum of 24 hours a month, w/o benefits and not to exceed 1500 hours annually.
- I am interested in rotation part-time where I work a regular 24 hours shift, every 6th day, w/o benefits and not to exceed 1500 hours annually.

Explain your choice: _____

Can you work a 24 hour every 6th day rotation? Yes No

On what unit days are you available to work a rotation spot? 1-Unit 2-Unit 3-Unit