



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

### Harrison Township is an Equal Opportunity Employer

Applicant:

Thank you for your interest in The Harrison Township Fire Department. The following items on the checklist below are required to process your application. All items on the checklist must be provided with your application to be considered for employment. Failure to comply with these requirements may result in your application being disqualified from consideration.

Only applications that have been legibly printed in blue or black ink will be accepted. Thoroughly read all sections of this application and appropriately fill out each section as instructed. Any falsifications or items intentionally omitted from this application may result in disqualification or discipline up to, and including, termination after appointment.

- Valid copy of your State of Ohio Driver's License
- Valid and active copy of your State of Ohio Emergency Medical Services Certification
- Valid and active copy of your State of Ohio Firefighter II Certification
- Current State of Ohio Driver's Abstract\*
- Completed State of Ohio Bureau of Criminal Investigation (BCI) background check\*
- Completed Office of Inspector General Exclusion List Form (See page 8 of this application for directions)

\*State of Ohio Driver's Abstracts and BCI background checks that have been completed in the past 12 months from the date of this application will be accepted at the Fire Chief's discretion.

**ALL APPLICATIONS WILL BE KEPT ON FILE FOR A MAXIMUM OF ONE (1) YEAR FROM ITS SUBMISSION DATE UNLESS OTHERWISE UPDATED BY THE APPLICANT.**

### FIRE DEPARTMENT ADMINISTRATION USE ONLY

Applicant Name: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Are all of the above items included in the application packet?  Yes  No

Application received by (print): \_\_\_\_\_ Unit #: \_\_\_\_\_

Applicant's primary phone #: \_\_\_\_\_

Notes: \_\_\_\_\_

Written Test Average: \_\_\_\_\_ % Physical Examination  Pass  Fail

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

Applicant, please legibly print all information relevant to your application in **blue or black ink**.

Position Sought: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**If you are applying for multiple positions, you must fill out an application for each position.**

Part-Time    Full-Time   Desired Start Date: \_\_\_\_\_ Desired Salary/Wage: \_\_\_\_\_

Desired Shift(s):    1-Unit    2-Unit    3-Unit    40-Hour

**Part-Time applicants please read the following statements and select the one that best describes your situation.**

**Full-Time applicants may skip these statements and move to the Personal Information section below.**

I am interested in a contingent part-time position where I am required to work a minimum of 24 hours/month on

- any shift where an opening in manpower is available; without benefits, except where provided in the Harrison Township Rules and Regulations, and not to exceed a total 1500 hours work annually.

Explain your choice: \_\_\_\_\_

I am interested in a rotation part-time position where I am assigned to a shift, required to work every 6<sup>th</sup> day,

- including weekends and holidays; without benefits except where provided in the Harrison Township Rules and Regulations, and not to exceed 1500 hours work annually.

Explain your choice: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
LAST FIRST M.I.

Do you go by another name, have a nickname or otherwise commonly known by another alias?    Yes    No

- If yes, provide the name(s) you are known by: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   Are you at least 18 years of age?    Yes    No  
MM DD YYYY

SSN (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   Are you eligible for work in the United States?    Yes    No

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_   Secondary Phone: \_\_\_\_\_  
 Home    Cell    Home    Cell

E-Mail (optional): \_\_\_\_\_

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

- If yes, what is the issuing State? \_\_\_\_\_ What is your driver's license number? \_\_\_\_\_
- If no, are you able to obtain one prior to employment?    Yes    No

**Continue to the next page to work on Employment History.**



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

### EMPLOYMENT HISTORY page 1 of 2

Starting with your most recent employer by date of hire, list all of your previous employers and work experience in reverse chronological order. Include any past or present military service and gaps in employment. If you need more space, attach additional sheets behind page 4 and in front of page 5 of this application. Be sure to include all information on your sheet that is required on this application.

1. Employer: \_\_\_\_\_ Title/Position Held: \_\_\_\_\_  
 May we contact this employer for a reference?  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Are you still employed?  Yes  No  
MM/YY MM/YY  
 Starting Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_ Current or Final Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_  
\$ / YR, HR ETC. \$ / YR, HR ETC.  
 Describe your duties, responsibilities, promotions, awards or recognitions or any other important information regarding your position with this employer: \_\_\_\_\_  
 Why did you leave this employer? \_\_\_\_\_

2. Employer: \_\_\_\_\_ Title/Position Held: \_\_\_\_\_  
 May we contact this employer for a reference?  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Are you still employed?  Yes  No  
MM/YY MM/YY  
 Starting Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_ Current or Final Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_  
\$ / YR, HR ETC. \$ / YR, HR ETC.  
 Describe your duties, responsibilities, promotions, awards or recognitions or any other important information regarding your position with this employer: \_\_\_\_\_  
 Why did you leave this employer? \_\_\_\_\_

3. Employer: \_\_\_\_\_ Title/Position Held: \_\_\_\_\_  
 May we contact this employer for a reference?  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Are you still employed?  Yes  No  
MM/YY MM/YY  
 Starting Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_ Current or Final Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_  
\$ / YR, HR ETC. \$ / YR, HR ETC.  
 Describe your duties, responsibilities, promotions, awards or recognitions or any other important information regarding your position with this employer: \_\_\_\_\_  
 Why did you leave this employer? \_\_\_\_\_

**Additional Employment History Space on the next page.**



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

### EMPLOYMENT HISTORY page 2 of 2

4. Employer: \_\_\_\_\_ Title/Position Held: \_\_\_\_\_  
 May we contact this employer for a reference?  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Are you still employed?  Yes  No  
MM/YY MM/YY  
 Starting Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_ Current or Final Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_  
\$ / HR, YR ETC. \$ / HR, YR ETC.  
 Describe your duties, responsibilities, promotions, awards or recognitions or any other important information regarding your position with this employer: \_\_\_\_\_  
 Why did you leave this employer? \_\_\_\_\_

5. Employer: \_\_\_\_\_ Title/Position Held: \_\_\_\_\_  
 May we contact this employer for a reference?  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Are you still employed?  Yes  No  
MM/YY MM/YY  
 Starting Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_ Current or Final Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_  
\$ / HR, YR ETC. \$ / HR, YR ETC.  
 Describe your duties, responsibilities, promotions, awards or recognitions or any other important information regarding your position with this employer: \_\_\_\_\_  
 Why did you leave this employer? \_\_\_\_\_

6. Employer: \_\_\_\_\_ Title/Position Held: \_\_\_\_\_  
 May we contact this employer for a reference?  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ Are you still employed  Yes  No  
MM/YY MM/YY  
 Starting Salary/Wage \_\_\_\_\_ / \_\_\_\_\_ Current or Final Salary/Wage: \_\_\_\_\_ / \_\_\_\_\_  
\$ / HR, YR ETC. \$ / HR, YR ETC.  
 Describe your duties, responsibilities, promotions, awards or recognitions or any other important information regarding your position with this employer: \_\_\_\_\_  
 Why did you leave this employer? \_\_\_\_\_

If you need additional space to complete your employment history, print either page 3 or 4 again **OR** attach a sheet or ruled notebook paper behind this page and in front of page 5. If you use a blank sheet of ruled notebook paper, be sure to include all information asked above or your application will not be accepted.

**Continue to the next page to work on Education and Training.**



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

### EDUCATION AND TRAINING page 1 of 2

In the spaces provided, list all of the educational institutions you have attended even if you did not graduate. Also provide any additional training you have received that is relevant to the position in which you are applying. If you need additional space, print this page again or use ruled notebook paper and attach extra sheets behind page 6 and in front of page 7. Be sure to include all information on your sheet that is required in this application.

#### High School

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ MM/YY MM/YY

Did you graduate?  Yes  No Year Graduated: \_\_\_\_\_

Did you earn a high school diploma or equivalency (G.E.D.)?  Yes  No

Briefly describe the extracurricular activities or club you were involved in, community service completed, awards you may have received, achievements made or you were recognized for, and/or any offices held: \_\_\_\_\_

#### Vocational or Trade School

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ MM/YY MM/YY

What program, courses, or studies did you attend? \_\_\_\_\_

Did you graduate?  Yes  No  N/A Year Graduated: \_\_\_\_\_

What degree(s), certification(s), training and/or, licensing did you receive? \_\_\_\_\_

#### Undergraduate Studies

Institution Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ MM/YY MM/YY

Did you graduate?  Yes  No Year Graduated: \_\_\_\_\_

What degree(s) did you receive or your area of study? Differentiate between major and minor studies. \_\_\_\_\_

Briefly describe the extracurricular activities, clubs, fraternities/sororities you were involved in, awards or recognition you may have received and/or, any offices held: \_\_\_\_\_

#### Graduate Studies or additional Undergraduate Studies

Institution Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ MM/YY MM/YY

Did you graduate  Yes  No Year Graduated: \_\_\_\_\_

What degree(s) did you receive or your area of study? Differentiate between major and minor studies. \_\_\_\_\_

Briefly describe the extracurricular activities, clubs, fraternities/sororities you were involved in, awards or recognition you may have received and/or, any offices held: \_\_\_\_\_

**Additional Education and Training sections continued on the next page.**



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

### EDUCATION AND TRAINING page 2 of 2

What, if any, professional fire service related skills or training do you possess? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if any, other professional skills or training do you possess? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any hobbies or interests you have, any volunteer work you do or have done. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach copies of all certificates, training, and/or licenses you have described above to your application.**

### PROFESSIONAL REFERENCES

In the spaces below, provide the names and contact information of three (3) different people who are not related to you and that you have known for at least one (1) year.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

This concludes the information sections of your application. If you would like, you may submit a résumé or Letter of Intent with your application, although it is not required at this moment. You may be asked at a later date to provide these documents to supplement your application.

Be sure to complete all other forms in this application and provide all required materials that are outlined on page 1. Your application will not be accepted unless all of the required items are completed.

Your application is not valid until you sign below. By signing, you affirm that all information above is provided truthfully and to the best of your knowledge and that nothing has been omitted. You acknowledge that if any part of this application was deliberately falsified or details intentionally omitted that you may be disqualified for consideration for employment or may be disciplined up to and including termination after a conditional offer of employment is given.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)  
Adapted from 1000-18-77  
for 1000-18-70

### Background Information Release Form

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 job performance.
2. My service with any branch of the Armed Forces of the United States of America, including physicals, any disciplinary action, court martial or any other condition of my service.
3. Treatment and/or examination by any physician, hospital or person who may have information regarding my health or physical condition, past or present, as it relates to the job in which I am applying.
4. My character and conduct; both socially and professionally, habits and associations, including, but not limited to financial responsibilities, credit ratings and past or present debts.
5. My honesty, integrity, reliability and/or level of responsibility or any other information which may be relevant to my employment with the Harrison Township Fire Department.
6. Verification of my driving history including, but not limited to traffic offenses, fines paid and/or convictions.
7. Verification of my criminal record.

### ***Acceptance of Background Information Release***

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Declination of Background Information Release***

I, \_\_\_\_\_, hereby decline the release of my personal background information to the Harrison Township Fire Department.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

Adapted from 1000-18-78  
for 1000-18-70

### Office of Inspector General Exclusion Form

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

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

- Go to: <http://www.oig.hhs.gov>
- Mouse over 'Exclusions' Tab at the top of the page.
- Click 'Online Searchable Database'
- Enter your last name AND first name in the appropriate boxes and click 'Search'.

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

**If your name is flagged as an excluded individual follow the next 3 steps to complete the process.**

- Click on 'Verify' on the right side of the screen under 'SSN/EIN'.
- Enter your Social Security Number
- Click 'Verify'.

Print the page you are looking at after you have verified your name and attach it to this form.

---

Print

Sign

Date

**Your application will not be accepted if this page is not signed and dated with the required paper attached to your application.**





# Harrison Township Fire Department

## Employment Application

Form #  
1000-18-70

Chief Chad K. Noggle  
3625 S.R. 752  
Ashville, Ohio 43103  
(740) 983-4115 (p)  
(740) 983-8114 (f)

Applicants, please read each of the following statements carefully. Indicate your understanding of, and consent to, the conditions of each statement by placing your initials on the appropriate line following the statement.

1. I understand that, if I am selected for employment, my employment may be conditioned upon my passing of a medical, physical and/or psychological evaluation that the employer deems necessary to determine whether I can physically and/or mentally perform the essential functions of the position in which I am applying with reasonable accommodation. I understand and accept that this may include drug, alcohol and/or substance abuse testing.  
Initials: \_\_\_\_\_

2. If employed with the Harrison Township Fire Department I understand that I may be required to work evening, night, weekend and holiday shifts and to 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 hired by the Harrison Township Fire Department I may be subject to disciplinary action, up to and including termination of my employment, if my application is found to be falsified in any manner or information has been intentionally excluded.  
Initials: \_\_\_\_\_

4. I understand and accept that the Harrison Township Fire Department requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement agencies that exchange information with the Harrison Township Fire Department require that its employees do not have a previous record of unlawful activities. Therefore, I understand and accept that it may be necessary for the Harrison Township Fire Department to investigate my background for any criminal and unlawful activities.  
Initials: \_\_\_\_\_

5. I hereby authorize all current and previous employers, educational institutions and personal references named above in this application to provide information regarding myself to the Harrison Township Fire Department. I further authorize the release of personal, academic and other records to Harrison Township.  
Initials: \_\_\_\_\_

6. I give consent to the Harrison Township Fire Department convert the contents of my application into digital format. I understand that sensitive information included in this application such as my Social Security Number will not be included in the digital copy of my application. I also understand that not giving consent to this clause will have no bearing on my eligibility for employment.  
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 any 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 the Harrison Township Fire Department

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date