

# Pleasant Township Fire Department

10 West Pleasant Street  
Catawba, Ohio 43010  
(937) 828-1347



## APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

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

\_\_\_\_\_  
Last First Middle Social Security Number

\_\_\_\_\_  
Present Address Number City State Zip

\_\_\_\_\_  
Telephone Number Cell Phone Number Email Address

Are you eligible to work in the U.S.? Yes No DOB \_\_\_\_\_

If not a U.S. citizen, state visa type: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ Expires \_\_\_\_\_ State \_\_\_\_\_

Position desired: Daytime \_\_\_\_\_ Paid On Call \_\_\_\_\_ Paid Per Call \_\_\_\_\_

Current certifications: EMT EMT Advanced Paramedic Basic Fire Level I Level II

Fire Inspector Hazmat

Are you current with the GMVEMSC Protocol Yes No

### EMPLOYMENT HISTORY

\_\_\_\_\_  
Company Name Address Street City State Zip Phone Number

\_\_\_\_\_  
to \_\_\_\_\_

\_\_\_\_\_  
Position Held Supervisor's Name Date Employed

Reason For Leaving \_\_\_\_\_

\_\_\_\_\_  
Company Name Address Street City State Zip Phone Number

\_\_\_\_\_  
to \_\_\_\_\_

\_\_\_\_\_  
Position Held Supervisor's Name Date Employed

Reason For Leaving \_\_\_\_\_

\_\_\_\_\_  
Company Name Address Street City State Zip Phone Number

\_\_\_\_\_  
to \_\_\_\_\_

\_\_\_\_\_  
Position Held Supervisor's Name Date Employed

Reason For Leaving \_\_\_\_\_

If yes, explain:

No

Date\_\_\_\_\_

Date\_\_\_\_\_

No

If yes, explain:

No

3. \_\_\_\_\_

Name	Address	Phone number
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## TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I understand and agree that my employment is "at will" and may be terminated by either party with or without notice or cause, and that any verbal or written statements by the Pleasant Township Fire Department prior to, at or following the date of employment will not be considered an employment contract unless set out in writing, dated and executed by both parties. I hereby authorize the Pleasant Township Fire Department to investigate fully all information contained in this employment application and to investigate any other information that may bear upon my employment. I release the Pleasant Township Fire Department from liability or damages for compiling such information. I agree to take a physical examination, if requested, by a division approved doctor at the expense of the division, and understand that such examination may include tests for illegal drugs. I further authorize those physicians to release the results of any such tests to the Pleasant Township Fire Department, its agents and employees.

I understand that any offer of employment may be contingent upon my ability to pass a drug and/or alcohol screen test. I also understand that neither this document nor any offer of employment from the Pleasant Township Fire Department constitutes an employment contract. Further, I understand that this application will be considered active for a period of one year, and that I will not be considered for employment after one year from the date of this application unless I complete a new application at that time. I have read and understand the foregoing statements and accept the same conditions of employment.

Qualified applicants are considered for positions without regard to race, religion, sex, national origin, marital status, or veteran status.

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

Applicant's Name\_\_\_\_\_

Date\_\_\_\_\_

## Notes