

COLLEGE TOWNSHIP FIRE DEPARTMENT

WELCOME NEW APPLICANT

Thank you for your interest in the College Township Fire Department (CTFD) we are hopeful you will find this an exciting opportunity to obtain new skills and offer most necessary and appreciated service to your community.

CTFD is a combination Department that offers fire and EMS services to the residents of College and Monroe Townships. We currently have a roster of 40 line firefighters and EMTs. Duties include response to fire and EMS emergencies, weekly training, public relations events and a variety of service related activities.

Because of the services we provide to our community and the responsibility that is placed on each member, our firefighters and EMTs are held to the highest standards. Due to this special responsibility all applicants must meet the following minimum qualifications.

1. Provide a complete, accurate, neat and readable application.
2. Provide a copy of a high school diploma or GED certificate.
3. Provide a copy of a valid driver's license.
4. Must not have an Operating a Motor Vehicle Intoxicated (OMVI) conviction in the past 5 years.
5. Must not of ever had more than one OMVI conviction.

In order to assist us in your background investigation you must also include the following in the application:

1. A certified copy of your Driving Abstract. This is obtained for the Bureau of Motor Vehicles.
2. Any firefighting and EMS certifications or other types of certifications.

Once your application has been completed and all the requested documents obtained, the complete packet will be returned to Chief Bill Smith at 102 East Brooklyn St., Gambier Ohio 43022.

Following a receipt of your application packet it will be reviewed by the Board of Officers and the Background Investigation will be conducted. You will be contacted either by phone or mail if you are considered for an interview. **INCOMPLETE APPLICATIONS WILL BE RETURNED WITH NO ACTION TAKEN.**

Thank you for considering the College Township Fire Department

William Smith, Chief of College Township Fire Department

APPLICATION CHECKLIST

DATE REVIEWED: _____

REVIEWED BY: _____

- _____ Application is complete, accurate, neat, and readable.
- _____ Copy of high school diploma or GED.
- _____ Copy of a valid driver's license.
- _____ Copy of your Driver's Abstract.
- _____ Copies of Firefighter, EMS or other certifications.

NOTES:

(An Equal Opportunity Employer)

DATE RECEIVED: _____ **POSITION:** _____

NAME: _____
Last First Middle

ARE YOU OLDER THAN 18 YEARS OLD? YES _____ NO _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

HOME OF RECORD ADDRESS (KENYON COLLEGE STUDENTS):

PHONE NUMBER: _____
Work Home Cell

EMAIL ADDRESS: _____

EDUCATION	NAME OF SCHOOL, CITY AND STATE	TYPE OF DEGREE OR CERTIFICATE	HIGHEST GRADE COMPLETED
LAST HIGH SCHOOL ATTENDED			
COLLEGE UNIVERSITY, OR TECH SCHOOL			
ATTENDING SCHOOL NOW			
OTHER: EMT/FF, ETC.			

EMPLOYMENT RECORD:

PRESENT EMPLOYER: _____
Address: _____
Phone Number(s): _____ May we contact? _____
Dates Employed: _____ Title/Duties: _____ Salary: _____
Supervisor: _____ Reason for leaving: _____

PREVIOUS EMPLOYER: _____
Address: _____
Phone Number(s): _____ May we contact? _____
Dates Employed: _____ Title/Duties: _____ Salary: _____
Supervisor: _____ Reason for leaving: _____

PREVIOUS EMPLOYER: _____
Address: _____
Phone Number(s): _____ May we contact? _____
Dates Employed: _____ Title/Duties: _____ Salary: _____
Supervisor: _____ Reason for leaving: _____

PREVIOUS EMPLOYER: _____
Address: _____
Phone Number(s): _____ May we contact? _____
Dates Employed: _____ Title/Duties: _____ Salary: _____
Supervisor: _____ Reason for leaving: _____

SPECIAL SKILLS: _____

LIST OF OFFICE EQUIPMENT YOU CAN OPERATE: _____

Have you been convicted of a moving traffic violation within the last two years?

YES _____ **NO** _____ If YES please describe: _____

(You will not necessarily be denied an appointment solely because of a conviction record)

FIREFIGHTER APPLICANTS ONLY: For appointment as a firefighter, pursuant to the Ohio Revised Code 505.38, an applicant is required to have, or obtain within one year, a certificate issued by the State Board of Education under Ohio Revised Code 3303.07 evidencing his or her satisfactory completion of a firefighter training program. Do you have such an up-to-date certificate? **YES** _____ **NO** _____

If yes, number of hours certified: _____

Do you have a certificate of accreditation as an Emergency Medical Technician or Paramedic, pursuant to Ohio Revised Code 3303.15 or 3303.16? **YES** _____ **NO** _____

REFERENCES: Give the names of three persons not related to you whom you have known for at least one year.

NAME	HOME ADDRESS CITY AND STATE	BUSINESS ADDRESS CITY AND STATE	CONTACT NUMBER
1.			Home: Business: Cell:
2.			Home: Business: Cell:
3.			Home: Business: Cell:

PHYSICAL RECORD: Do you have any physical or medical condition that would preclude you from performing any work for which you are being considered? **YES** _____ **NO** _____

If yes, please describe: _____

What can be done to accommodate your limitation? _____

(Ohio law prevents discrimination based on handicap)

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

Name: _____ Relationship: _____

Address: _____

Email Address: _____

Phone Number(s): _____

Home

Work

Cell

SECONDARY CONTACT:

Name: _____ Relationship: _____

Address: _____

Email Address: _____

Phone Number(s): _____

Home

Work

Cell

OTHER CONTACT:

Name: _____ Relationship: _____

Address: _____

Email Address: _____

Phone Number(s): _____

Home

Work

Cell

It is the fundamental policy of College Township to provide equal opportunity in all of its operations and in all areas of employment practice and to assure there shall be no unlawful discrimination against any handicap. We request that any resume or information submitted not include information indicative of race, color, religion, sex, national origin, or age.

“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand and agree that is employed, falsified statements on this application, whether or not job related, shall be grounds for immediate **dismissal**.

I authorize a background investigation and statements contained herein and the references listed above or otherwise developed to give you any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired or appointed and my current employment or appointment are conditioned on my authorizing the Township to receive information from the Ohio Bureau of Motor Vehicles relating to my driving record and any traffic violation points pursuant to Ohio Revised Code 4507.40 that I have accumulated. Accumulation of more than 6 such points during any 24 month period may, ion the sole discretion of the College Township Board of trustees, be grounds of immediate dismissal.

I understand and agree that, if hired or appointed, my employment or appointment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without cause, for any reason or no reason at all, and without any prior notice, except that after successful completion of a 12 month probationary period firefighters may only be terminated as provided by sections 733.35 to 733.39 of the Ohio Revised Code. The 12 moth probationary period shall commence as soon as the newly hired firefighter has received the certification required under Ohio Law for the position filled and during the 12 month probationary period firefighters are an employee at will and may be terminated at any time with or without cause, for any reason or no reason at all and without prior notice.”

Signature: _____ Date: _____

PLEASE RETURN TO:
College Township Fire Department
102 Brooklyn Street
Gambier, Ohio 43022

DO NOT WRITE BELOW THIS LINE

INTERVIEWED: YES _____ NO _____ HIRED: YES _____ NO _____

POSITION: _____ Department: _____

Salary/Wage: _____ Date Reporting for Work: _____

APPROVED: 1. _____ 2. _____ 3. _____