APPLICATION FOR EMPLOYMENT

(Please Print in Blue Ink)

Please include with application, readable copies of your Driver's License, Social Security Card, applicable certifications and all required documentation listed in employment posting.

Position Being Applied For

Job Title:_____ Date of Application:_____

Referred by: ☐ Newspaper ☐ Internet ☐ School ☐ District Employee
☐ Professional Organization ☐ Walk-in ☐ Other
Explain all areas marked:_____

Personal Information

Name (Legal):_____
Last First Middle

Address, City, State, Zip:_____

County:_____ Social Security Number:_____

Primary Phone:_____ Secondary Phone:_____

E-mail Address(es):_____

Have you been employed with us before? ☐ YES ☐ NO

If yes, list dates of employment and position(s) held._____
_____

Are you legally eligible for employment in the United States? ☐ YES ☐ NO
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date Available for Work:_____

Type of Employment Desired: ☐ Full-time ☐ Part-time ☐ Other_____

The Miami Valley Fire District considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

HIGH SCHOOL EDUCATION

High School Graduate? ☐ Yes ☐ No
Name and Location of High School (City and State)_____
GED Certificate Number_____ GED Issued By_____
Are you currently attending school? ☐ Yes ☐ No Grade Level?_____

POST-HIGH SCHOOL EDUCATION

Including Technical School, Business School, Professional School, College and University

School Name & Location	Major areas of Study	Type of Degree or Certification

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit one.

Course Work Area	Number of Courses

TRAINING & OTHER QUALIFICATIONS, INCLUDING VOLUNTEER ACTIVITES

(Do not include coursework already described above)

Subject or Title of Training	Organization	Length of Training

List special equipment or machines you can operate:_____

_____

List computer software in which you have skills, including word processing, spreadsheet, database, and presentation programs. Please indicate the name of the specific software:

_____

_____

List special clerical skills, including typing:_____

_____

List any additional relevant skills you have:_____

LICENSE, REGISTRATION & CERTIFICATES

Be sure to include any type of driver license

License/Certification Issued by	License/Certification Number	Expires

EMPLOYMENT EXPERIENCE

List your entire work history including military service assignments. Start with your present or most recent job and attach extra copies of this page if additional space is needed. NOTE: In order to be considered for employment, you must fill in the information below accurately and completely. You may submit a resume *IN ADDITION* to completing this section.

Have you ever been discharged or asked to resign from any job? ☐ YES ☐ NO
If yes, make sure job is listed below and specified.

From Date	Name of Employer		Job Title	
To Date	Address		Job Duties	
May we contact your employer?	Supervisor		Phone # of Business	
Reason for Leaving	Hourly Rate/Salary Starting	Final	Average # Hours Worked	Part Time ☐ Full Time ☐

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To Date	Address		Job Duties	
May we contact your employer?	Supervisor		Phone # of Business	
Reason for Leaving	Hourly Rate/Salary Starting	Final	Average # Hours Worked	Part Time ☐ Full Time ☐

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To Date	Address		Job Duties	
May we contact your employer?	Supervisor		Phone # of Business	
Reason for Leaving	Hourly Rate/Salary Starting	Final	Average # Hours Worked	Part Time ☐ Full Time ☐

EMPLOYMENT EXPERIENCE CONTINUED

From Date	Name of Employer	Job Title
To Date	Address	Job Duties
May we contact your employer?	Supervisor	Phone # of Business
Reason for Leaving	Hourly Rate/Salary Starting Final	Average # Hours Worked Part Time ☐ Full Time ☐

From Date	Name of Employer	Job Title
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Release and Authorization

READ CAREFULLY BEFORE SIGNING
CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

I certify that the information I provided in this application is true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application or resume shall be considered sufficient cause for dismissal. The Miami Valley Fire District is hereby authorized to make any investigation of the information provided in this application and/or resume.

I hereby authorize any reference, school, former employer, or other person to disclose to the Miami Valley Fire District upon request any and all records, documents, or other information, and I release them from liability for disclosing such information to the Miami Valley Fire District.

I hereby authorize the Miami Valley Fire District, to obtain an abstract of my driver license and/or commercial driver license as well as criminal history so that my qualifications for employment may be reviewed. In the event I am hired, I also authorize the Miami Valley Fire District to continue to obtain this information during my employment.

I hereby authorize the Miami Valley Fire District to investigate my personal history and financial and credit record, as necessary, through any investigative or credit agency of its choice. Financial and credit check will be conducted in accordance with the Fair Credit Reporting Act. I further understand that the Miami Valley Fire District intends to use this information for employment purposes only.

I understand that a physical examination, including a drug screening, may be required before and/or during my employment to assure my physical ability to perform the essential functions and responsibilities of the position. Specific positions may also require the submission of fingerprint impressions to be submitted to the Ohio Bureau of Criminal Investigation and Identification and/or the Federal Bureau of Investigation prior to a hiring decision.

I agree to conform to all existing and future policies and procedures of the Miami Valley Fire District. I understand that if employed, I may be required to work additional or less hours as the needs of the organization require, and that my employment is subject to complying with rules, regulations, and conditions as established by management.

I understand that I must provide appropriate documentation of my eligibility to work in the United States as required by the Immigration Reform and Control Act.

I understand that this employment application is not a contract of employment and that any individual who is hired may voluntarily leave employment.

I agree that any claim or lawsuit relating to my service with the Miami Valley Fire District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. If hired, this application will become a part of the official employment record.

I hereby acknowledge that I have read and understand the terms of this application and that the information which I have furnished is true to the best of my knowledge.

_____ _____

Applicant's Signature Date

EQUAL EMPLOYMENT OPPORTUNITY

The Miami Valley Fire District considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legal protected

In an effort to comply with government Equal Employment Opportunity Commission reporting requirements, we invite you to complete this **voluntary** applicant data survey to be used for statistical purposes only. This information will be filed separately from you application for employment and cannot be used for interview purposes or hiring considerations.

Date ofApplication:_____

Position Applied for: _____

Gender: (Check one) ☐ Male ☐ Female

Race/Ethnic Identification: (Check one)

☐ White (Not of Hispanic Origin)

☐ Black (Not of Hispanic Origin)

☐ Hispanic

☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native

PLEASE REMOVE THIS FORM FROM YOUR APPLICATION

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM