

# Montville Vol. Fire Department

9755 Madison Rd. (Box 98) Montville, Ohio 44064  
(440) 968-3318 Fax (440) 968-3236

## APPLICATION

NAME: FIRST MIDDLE LAST				S.S.N.	
HOME ADDRESS: STREET CITY STATE ZIP					HOME PHONE:
<b>POSITION DESIRED</b>					
<input type="checkbox"/> <b>FIREFIGHTER / EMT</b> <input type="checkbox"/> <b>CADET</b> <input type="checkbox"/> <b>OTHER:</b> _____					
ARE YOU 18 YEARS OF AGE OR OLDER?		ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.?		ARE YOU A U.S. CITIZEN?	
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>MILITARY HISTORY</b>					
U.S. MILITARY SERVICE: (BRANCH NAME)		RANK		YEARS FROM _____ TO _____	
BRIEFLY DESCRIBE DUTIES:				TYPE OF DISCHARGE:	
<p>1. Have you ever been convicted of, pled guilty to, had a judicial finding of guilt or had a judicial finding of eligibility for treatment in lieu of conviction for any felony offense in Ohio? Or, any offense in any other state, that if the offense were committed in Ohio would be a felony offense? If yes, your membership may be denied and/or terminated at any time. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>2. Do you have any traffic or criminal charges pending against you? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>3. Do you currently engage in the illegal use of any controlled substances, abuse alcohol or any habit forming drug(s) or chemical substances? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>4. Have you ever been convicted of a violent crime or theft that is not considered a felony? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>5. Do you understand that this is a volunteer Fire Department and that being a member is a big responsibility and commitment and that any public safety work can be extremely strenuous and dangerous? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>6. Do you understand that if you are appointed by the Twp. Trustees to this Fire Dept. you will be on probation for one year from the date of appointment? In which time you could be terminated without notice for any and/or no reason and at anytime. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>7. Do you have a current and valid Ohio Driver's License? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO (must provide a copy with this form)</b></p> <p>8. Any driving violations? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> Current total points against your Driver's License: _____</p> <p>9. Do you understand that if you are appointed as a member you will be required to submit to a medical exam. This exam may include a test(s) to check for illegal drug use? If you test positive for any illegal drug use, your employment and/or membership may be denied and/or terminated at any time. These exams may be repeated during the course of membership. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>10. Do you have any physical, medical or psychological conditions that may restrict or limit your ability to perform any or all duties that may be required to be performed for the position that you applied for? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>					
If you answered yes to questions numbers 1, 2, 3, 4, 8 or 10, please explain: (If necessary attach another piece of paper)					
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PERSONAL REFERENCES EXCLUDING RELATIVES: (MUST HAVE KNOWN FOR A MINIMUM OF 2 YEARS)				
1.	NAME	ADDRESS	PHONE	YEARS KNOWN
2.	NAME	ADDRESS	PHONE	YEARS KNOWN
3.	NAME	ADDRESS	PHONE	YEARS KNOWN
WORK HISTORY (CURRENT EMPLOYER FIRST)				
1.	COMPANY NAME	ADDRESS	PHONE	MAY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	COMPANY NAME	ADDRESS	PHONE	MAY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	COMPANY NAME	ADDRESS	PHONE	MAY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
EDUCATIONAL HISTORY				
1.	NAME OF HIGH SCHOOL	ADDRESS	PHONE	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	NAME OF COLLEGE	ADDRESS	PHONE	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NOTE ANY SPECIAL TRAINING OR SKILLS:</b>				
EMERGENCY CONTACT INFORMATION				
<b>NAME</b>		ADDRESS	HOME PHONE	
<b>RELATIONSHIP TO YOU</b>		WORK PHONE		
<p>I certify that the information provided is true and correct to the best of my knowledge. I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the employers guidelines and rules, and I agree that my employment or membership and/or compensation (if any) may be terminated, with or without cause and with or without notice, at any time, at either the employer's or my opinion. I understand that the employer's may change the conditions of my employment, with or without cause, and with or without notice, at any time. I understand that only the Fire Chief and/or the Twp. Board of Trustees, and then only in writing and signed by such, have the authority to enter into any agreements for employment conditions for any amount of time, or to make agreement contrary to the foregoing. I give the Montville Vol. Fire Department and/or the Montville Board of Trustees permission to perform a check of my driver's license and my criminal history at any time. I will hold the Montville Vol. Fire Dept., the Montville Board of Trustees, the agency conducting the check, and the employees of these agencies harmless from any and all results of this check.</p>				
SIGNATURE:			DATE:	
DO NOT WRITE BELOW THIS LINE (EMPLOYERS USE ONLY)				
INTERVIEWED BY:			DATE:	
DATE APPROVED BY THE TOWNSHIP:		COMMENTS:		