



# Ross Township Fire Department Employment Application

*An Equal Opportunity Employer*

Please print and return completed applications to:  
Ross Township Fire Department  
PO Box 71  
Ross, Ohio 45061

**Position applied for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Alt. phone:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_ **State issued:** \_\_\_\_\_ **Exp. date:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Ohio Firefighter/EMS License #** \_\_\_\_\_

**Interested in:**  Full Time FF/Medic  Part Time FF/Medic  Volunteer FF/EMT/Medic

**Is there information regarding your name or use of another name, that we will require to check your work record?**

**If so, please specify** \_\_\_\_\_

**Do you have any relatives who are presently, or have formerly been, employed by Ross Township? If so, please list their name and relationship:** \_\_\_\_\_

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

**Have you ever been convicted of a felony (including adjudications of guilt and pleas of no contest)?** Yes\_\_\_ No\_\_\_

**If "Yes", list where, for what, and give dates:** \_\_\_\_\_

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

**Date Available to begin work:** \_\_\_\_\_



# Employment Record

Please list your last three employers starting with the most recent.

**Company name:** \_\_\_\_\_ **Title / duties:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor name:** \_\_\_\_\_

**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Wage / salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

-----  
**Company name:** \_\_\_\_\_ **Title / duties:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor name:** \_\_\_\_\_

**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Wage / salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

-----  
**Company name:** \_\_\_\_\_ **Title / duties:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor name:** \_\_\_\_\_

**Dates employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Wage / salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

-----  
**NOTE: We will contact all of the employers listed above unless you specify otherwise.**

Please list any employers you do not want us to contact and your reason for the exclusion:

**Name / Company:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Name / Company:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**List any licenses or professional certificates you hold that are applicable to this position:**

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



## Educational Background

**High School:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Years completed:** \_\_\_\_\_ **Did you graduate?** Yes \_\_\_ No \_\_\_

---

**College:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Years completed:** \_\_\_\_\_ **Did you graduate?** Yes \_\_\_ No \_\_\_

**Type of Degree:** \_\_\_\_\_

**Minor:** \_\_\_\_\_ **Major:** \_\_\_\_\_

---

### Additional Education:

**School name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Years completed:** \_\_\_\_\_ **Did you graduate?** Yes \_\_\_ No \_\_\_

**Type of Degree / course of study:** \_\_\_\_\_



## Application Statement

I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes Ross Township or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, criminal background and educational background. I hereby authorize all persons, companies or other entities connected with any such information request, including without limitation, prior employers and law enforcement agencies, to provide any and all information and/or records they may have regarding me or my employment. I release and agree to indemnify Ross Township, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such an investigation including, without limitation, any liability for furnishing information or for taking any action based on the information provided.

I understand and agree that any falsification, misrepresentation, or omission, either on the employment application form or in my responses to questions asked during the interviewing or application process, may disqualify me from further consideration for employment, or if employed by Ross Township, will subject me to immediate discharge whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application it is because there is no information within its scope.

I understand that Ross Township has a policy against the possession, use, sale or transfer of drugs or alcohol by its employment applicants and employees. I further understand that Ross Township is committed to a drug free workforce and has adopted a drug and alcohol testing program as one method of implementing that policy. I hereby consent to the taking of hair, urine, blood, or breath samples by Ross Township or its agents for the purposes of the above drug and alcohol testing program and to the testing of samples by a laboratory designated by Ross Township. I release and discharge Ross Township and its officers and agents from any claim, damage, or liability relating to the testing process and procedures, including the sample gathering, the analysis, and disclosure of the results, or any decisions or actions taken based upon the results.

I hereby further consent to the release of any test reports on such samples or other related information from the laboratory to the Administrator of Ross Township and to the use of all such reports or other information by Ross Township in its assessment of my employment application and/or employment status. If I should refuse to cooperate in the testing process or procedures, or should the test results be positive, my application for employment will be justifiably rejected. Furthermore, if employed, I understand that Ross Township requires as a condition of continued employment that its employees comply and fully cooperate with its drug and alcohol policy. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

I also give my consent, if reasonable suspicion exists, to physical searches of myself, my lunch box, car, locker, any package or purse in or on township property, whether or not such items are locked.

If an investigative consumer reporting agency is engaged to report on my credit and personal history, authorization is hereby granted to do so. If a report is obtained, the name of the agency will be provided, at my request, so that I may obtain from them the nature and substance of the information contained in the report.

I understand and agree that if I am employed by Ross Township, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, Ross Township may terminate my employment at any time, with or without notice, and for any or no reason. I also understand and agree that nothing contained in Ross Township's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or is intended to constitute or to create a contract or promise between me and Ross Township for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that Ross Township may modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Ross Township unless they are expressed promises, made in writing, and signed by the Administrator of the Township.

**Applicant signature:** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **FAIR CREDIT REPORTING ACT DISCLOSURE FORM**

Certain amendments to the Fair Credit Reporting Act, effective September 30, 1997, impose upon Employers certain disclosure obligations when it is contemplated that certain consumer reports will be utilized. Therefore, in accordance with the Fair Credit Reporting Act, you are hereby advised of the following:

1. You are hereby advised that a Consumer Report or an Investigative Consumer Report may be requested from a Consumer Reporting Agency about you. An Investigative Consumer Report may include information about your character, general reputation, personal characteristics and mode of living.
2. If an Investigative Consumer Report is requested, you have the right to obtain a complete and accurate statement of the nature and scope of the investigation and to be generally advised of your consumer rights under the Fair Credit Reporting Act.
3. If adverse action is contemplated based upon a Consumer Report of Investigative Consumer Report, you will be provided additional notices and information.

## **FAIR CREDIT REPORTING ACT ACKNOWLEDGEMENT AND AUTHORIZATION**

I hereby authorize Ross Township, Ohio or its authorized agents, to conduct a thorough investigation of me during the course of the Employment Application process including, without limitation, information concerning my prior employment positions, criminal background, educational background, and personal history. This authorization specifically includes Consumer Reports and Investigative Consumer Reports.

I hereby acknowledge receipt of a Fair Credit Reporting Act Disclosure Form which has fully advised me of my rights under the Fair Credit Reporting Act.

**Applicant signature:** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_ **Date:** \_\_\_\_\_