

HARRISON TOWNSHIP DIVISION OF FIRE APPLICATION FOR EMPLOYMENT

Certification Level: **Fire Level II** _____ **Fire Level I** _____ **EMT** _____ **EMT-I** _____ **EMT- P** _____
 (Submit Copy of Certification (s))

NAME: _____ **HOME #:** _____ **CELL #:** _____
LAST FIRST MI

ADDRESS: _____ Street Address _____ Apt. # (if appl.) _____
 _____ City _____ State _____ Zip

E-MAIL ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES: _____ **YES** _____ **NO**

CURRENT OHIO DRIVER'S LICENSE NUMBER: _____ **Exp. Date:** _____ **# of Traffic Violations:** _____

HAVE YOU RECEIVED ANY JOB RELATED TRAINING IN THE MILITARY? _____ **YES** _____ **NO**

HAVE YOU EVER APPLIED TO HARRISON TOWNSHIP BEFORE? (If yes give date.) _____

WHAT DAYS / HOURS ARE YOU AVAILABLE TO WORK: _____

EDUCATION

	INSTITUTION NAME	YEARS COMPLETED	FIELD OF STUDY
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
BUSINESS / TECHNICAL			
ADDITIONAL			

LIST ADDITIONAL SKILLS OR QUALIFICATIONS:

CONTACT

IN CASE OF ACCIDENT OR ILLNESS, PLEASE CONTACT: NAME: _____

PHONE: _____ **ADDRESS:** _____ **RELATIONSHIP:** _____

EMPLOYMENT HISTORY (Begin with the most current or most recent employer). Do not exclude any employment. Include any temporary employment, attach another sheet if necessary.

EMPLOYER	EMPLOYMENT DATES TO	NAME OF SUPERVISOR	PHONE
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DESCRIBE YOUR DUTIES

REASON FOR LEAVING

EMPLOYER	EMPLOYMENT DATES TO	NAME OF SUPERVISOR	PHONE
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DESCRIBE YOUR DUTIES

REASON FOR LEAVING

NAME THREE (3) PERSONAL REFERENCES, OTHER THAN RELATIVES.

NAME: _____ **ADDRESS:** _____ **PHONE #:** _____

NAME: _____ **ADDRESS:** _____ **PHONE #:** _____

NAME: _____ **ADDRESS:** _____ **PHONE #:** _____

HARRISON TOWNSHIP IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, GENDER, SEXUAL ORIENTATION, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, PHYSICAL OR MENTAL DISABILITY, SEVERE/MORBID OBESITY, MEDICAL CONDITION, MILITARY OR VETERAN STATUS, GENETIC INFORMATION, MARITAL STATUS, ETHNICITY OR ANY OTHER PROTECTED CLASSIFICATION, IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS.

ITEMS NEEDED TO PROCESS APPLICATION:

1). COMPLETED APPLICATION

2). DRIVER'S LICENSE BACKGROUND CHECK:

Go to your local BMV Office and obtain the BMV Report at that time for a fee .
and copies of after receiving your completed BMV Report, please turn in the BMV Report along with
your application and copies of all certifications as one complete packet.

COPIES FROM YOUR INSURANCE COMPANY WILL NOT BE ACCEPTED, THE REPORT MUST BE FROM
THE OHIO BMV.

3). COPY OF DRIVER'S LICENSE

4). COPY OF ALL TRAINING & CERTIFICATES

5). COPY OF CURRENT YEAR'S MONTGOMERY COUNTY STANDING ORDERS

6). COPY OF IDENTIFICATION CARDS (2 Pictures) AND SOCIAL SECURITY CARD

7). CPR CARD

8). COPY OF HIGH SCHOOL DIPLOMA / TRANSCRIPT

9). COPY OF VEHICLE INSURANCE INFORMATION

IF YOU ARE HIRED AS A HARRISON TOWNSHIP EMPLOYEE, ALL TAX PAPERS WILL BE GIVEN TO YOU AT
THE TIME OF ORIENTATION AND A PHOTOGRAPH WILL BE TAKEN FOR YOUR PERSONNEL FILE.

Revised 06-02-11

Revised 04-12-17

