

# HARRISON TOWNSHIP DIVISION OF FIRE APPLICATION FOR EMPLOYMENT

Certification Level: <sup>Fire</sup> Level II \_\_\_\_\_ <sup>Fire</sup> 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	DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
BUSINESS / TECHNICAL				
ADDITIONAL				

LIST ADDITIONAL SKILLS OR QUALIFICATIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_

## CONTACT

IN CASE OF ACCIDENT OR ILLNESS, PLEASE CONTACT:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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.**

<b>EMPLOYER</b>	<b>EMPLOYMENT DATES TO</b>	<b>NAME OF SUPERVISOR</b>	<b>PHONE</b>
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**DESCRIBE YOUR DUTIES**

**REASON FOR LEAVING**

<b>EMPLOYER</b>	<b>EMPLOYMENT DATES TO</b>	<b>NAME OF SUPERVISOR</b>	<b>PHONE</b>
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**DESCRIBE YOUR DUTIES**

**REASON FOR LEAVING**

<b>EMPLOYER</b>	<b>EMPLOYMENT DATES TO</b>	<b>NAME OF SUPERVISOR</b>	<b>PHONE</b>
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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 .

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 INCLUDE NIMS 100, 200, 700 AND 800**

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

**6). COPY OF IDENTIFICATION CARDS**

**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.

**10). AT SECOND INTERVIEW, PLEASE BRING IDENTIFICATION AS INDICATED ON ATTACHED FORM. THIS IS FOR I9 ELIGIBILITY AND PAYROLL PURPOSES WHEN MEETING WITH HARRISON TOWNSHIP HUMAN RESOURCES DEPARTMENT.**

**WHEN ASKED TO A SECOND INTERVIEW, PLEASE BRING TWO FORMS OF IDENTIFICATION AS ACCORDING TO THE FOLLOWING LIST. THIS IS FOR THE HARRISON TOWNSHIP HUMAN RESOURCES DEPARTMENT AND ARE FOR ELIGIBILITY AND PAYROLL PURPOSES.**

**LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be UNEXPIRED**

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<p><b>LIST A</b> Documents that Establish Both Identity and Employment Authorization</p>	<p><b>LIST B</b> Documents that Establish Identity</p>	<p><b>LIST C</b> Documents that Establish Employment Authorization</p>
<p><b>OR</b></p> <p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p><b>a.</b> Foreign passport; and</p> <p><b>b.</b> Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p><b>AND</b></p> <p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the Instructions for more information about acceptable receipts.

**HARRISON TOWNSHIP FIRE DEPARTMENT  
2400 TURNER ROAD, DAYTON, OHIO 45415  
OFFICE: 937-274-4351      FAX: 937-274-4322**

**Fire Department Background Investigation Liability Release Authorization Waiver**

Applicant Name: \_\_\_\_\_

The above listed individual is an applicant for employment with the Harrison Township Fire Department. As a mandatory step in the application process, said individual is required to furnish information necessary to determine his / her moral, physical and mental suitability for the position in question. In connection with my application, I am authorizing the release of any and all information that you may possess concerning my work habits, personal character or conduct inclusive of any confidential or privileged information.

I hereby release you, your organization or other parties from any liability or damage which may result from the release of information in this matter.

APPLICANT: (print name) \_\_\_\_\_

(date of birth) \_\_\_\_\_

(social security number) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_