

Holmes Fire District #1

8478 SR 39

PO Box 7

Millersburg, OH 44654

Phone: 330-674-1926 - Fax: 330-674-3535

APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/interview process.

Applicants for employment with Holmes Fire District #1 are evaluated and selected based on individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, sexual orientation, national origin, political affiliation, disability, ancestry, or any other legally protected status.

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

APPLICATION DATE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

MILITARY SERVICE: YES _____ NO _____ BRANCH: _____

SERVED FROM _____ TO _____ TYPE OF DISCHARGE: _____

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES _____ NO _____

DO YOU HAVE A CURRENT STATE OF OHIO DEPT. OF PUBLIC SAFETY CERTIFICATION? YES _____ NO _____

CERTIFICATION # _____ FIREFIGHTER LEVEL: _____ EMS LEVEL: _____

OTHER CERTIFICATIONS: _____

Have you previously applied for a position at Holmes Fire District #1? YES _____ NO _____ When? _____

Have you ever been employed by Holmes Fire District #1? YES _____ NO _____ When? _____

Are you related to anyone employed by Holmes Fire District #1? YES _____ NO _____ Who? _____

Have you been employed by another public employer in Ohio? YES _____ NO _____ Where? _____

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Are you able to perform the essential functions of the job for which you applying for without reasonable accommodations? *Should there be a question, refer to job description.* YES ____ NO ____

If NO please explain: _____

EMPLOYMENT INFORMATION

Please provide an accurate employment record, starting with your current or most recent employer. Attach additional pages if needed or resume if desired.

| | | |
|--|-----------|-----------------|
| Employer | | Phone |
| Address | | Supervisor |
| Dates Employed From To | Job Title | Rate of Pay |
| Reason for Leaving | | May We Contact? |

| | | |
|--|-----------|-----------------|
| Employer | | Phone |
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Have you ever been dismissed from or asked to resign from any employment position? *YES*____ *NO*____

If yes, please explain: _____

REFERENCES

Please provide three references that include personal & business references. (Excluding relatives)

| | |
|------------|---------------|
| Full Name: | Relationship: |
| Address: | Phone: |
| Full Name: | Relationship: |
| Address: | Phone: |
| Full Name: | Relationship: |
| Address: | Phone: |

EDUCATIONAL INFORMATION

| Name of School | Location City, State, Zip | Area of Study Subject/Degree | Completed? When? |
|------------------------|------------------------------|---------------------------------|---------------------|
| High School | | | |
| Collage | | | |
| Other Schools Attended | | | |

Please list all Fire & EMS certification information below.

| Certification Level | Obtained From | When Obtained |
|---------------------|---------------|---------------|
| | | |
| | | |

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| | | |
|--|--|--|
| | | |
| | | |

Please list any other training, certifications, and/or skills that may pertain to the position applying for:

MISCELLANEOUS INFORMATION

Do you have a valid Ohio driver's license? *YES*___ *NO*___ License Number: _____

Do you have a valid Ohio commercial driver's license? *YES*___ *NO*___ Class: _____

Has your license been suspended or revoked within the last 3 years? *YES*___ *NO*___

Have you had your auto insurance rejected, cancelled, or been on high-risk? *YES*___ *NO*___

CERTIFICATION

I certify that all information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any material omission, misrepresentation, or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references, and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

FOR INTERNAL USE ONLY

Application Received Date _____

Arrange Interview *YES*___ *NO*___

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Remarks: _____

Reference Review Completed By: _____ Date: _____

Interview Completed By: _____ Date: _____

Applicant Hired? *YES* _____ *NO* _____ Starting Date: _____ Starting Wage: _____

Starting Position: _____

Fire Chief's Signature