



Application For Employment

West Licking Joint Fire District

851 East Broad Street, Pataskala OH 43062

Phone: (740) 927-8600 Fax (740) 964-6621

www.westlickingfire.org

The mission of the West Licking Joint Fire District is to provide efficient and effective fire protection and emergency medical services to the citizens of southwest Licking County.

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis including but not limited to: race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, genetic information, or veteran status.

INSTRUCTIONS

This application is intended for use by the West Licking Joint Fire District. You must complete the entire application; if a section does not apply to you, please mark "n/a" in that section. Every question must be addressed before submitting your application; partial answers will not be accepted. You must be truthful when completing this application and all information contained herein is subject to verification. Both the Ohio Revised Code and the West Licking Joint Fire District's Rules and Regulations provide penalties for making false statements of material fact, for practicing fraud, and/or using deception to obtain or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution. Applications that do not contain all of the required documents as listed above will not be accepted.

Your answers to the questions must be legible and if hand written, black or blue ink must be used.

PERSONAL INFORMATION:

Legal Last Name: _____ Legal First Name: _____

Telephone: _____ Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Other names, nicknames, or aliases that you have used in the past: _____

Position applying for: _____ ☐ Fulltime ☐ Part time

GENERAL INFORMATION:

☐ Yes ☐ No Have you ever worked or volunteered for West Licking Joint Fire District before?

If Yes, When: _____

☐ Yes ☐ No Have you ever applied for employment with the West Licking Joint Fire District before?

If Yes, When: _____

☐ Yes ☐ No Do you currently have a valid driver's license?

If yes, from what state or issuing authority? _____ License number: _____ Expiration Date: _____

☐ Yes ☐ No Have you ever had your driver's license suspended or revoked?
If yes, please explain (include dates and convictions): _____

☐ Yes ☐ No Are you able, at the time of employment, to submit verification of your legal right to work in the United States?
☐ Yes ☐ No Have you ever been convicted a misdemeanor or felony?
If yes, please explain (include dates, offenses or charges, the policing agency involved, and convictions if any): _____

☐ Yes ☐ No Do you currently have any misdemeanor or felony charges pending in any court system?
☐ Yes ☐ No Military Service: Branch: _____ Rank: _____ First Name: _____ Dates of Service: _____
Type of discharge: ☐ Honorable ☐ Less Than Honorable ☐ Dishonorable

Which certifications do you currently hold? ☐ EMT Basic ☐ Paramedic ☐ Level I Firefighter ☐ Level II Firefighter
☐ Other: _____

☐ Yes ☐ No Do you have any current civil actions pending against you?
☐ Yes ☐ No Have you ever been bonded or had a bond refused? (Applicants for the position of Fiscal Officer or Fire Chief Only)

RESIDENCE HISTORY: For the last 10 years, please list all addresses which you have used as a residence.

| Date: (Month/Year to Month/Year) | Address: (street, city, state) |
|----------------------------------|--------------------------------|
| | |
| | |
| | |
| | |

EDUCATION:

| | Name and Location | Highest Grade Completed | Did you graduate? | GPA | Course Of Study |
|-----------------|-------------------|--|--|-----|-----------------|
| High School | | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Trade School | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Graduate School | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

WORK EXPERIENCE (List all positions that you held.)

Position: _____ Start Date: _____ End Date: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Phone Number: _____ Salary: _____

Reason for Leaving: _____ Ok to contact this employer? ☐ Yes ☐ No

Position: _____ Start Date: _____ End Date: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Phone Number: _____ Salary: _____

Reason for Leaving: _____ Ok to contact this employer? ☐ Yes ☐ No

Position: _____ Start Date: _____ End Date: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Phone Number: _____ Salary: _____

Reason for Leaving: _____ Ok to contact this employer? ☐ Yes ☐ No

Position: _____ Start Date: _____ End Date: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Phone Number: _____ Salary: _____

Reason for Leaving: _____ Ok to contact this employer? ☐ Yes ☐ No

Position: _____ Start Date: _____ End Date: _____

Employer: _____ Name of Supervisor: _____

Address: _____ Phone Number: _____ Salary: _____

Reason for Leaving: _____ Ok to contact this employer? ☐ Yes ☐ No***If you have additional work experience entries, please use the "Additional Work Experience" form.**☐ Yes ☐ No Have you ever been terminated or asked to resign from a job?

If yes, please explain (include dates and reasons): _____

ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE: _____

REFERENCES (Three professional references are required.)

| | |
|----------------|--|
| Name: _____ | Occupation: _____ |
| Address: _____ | Phone Number: _____ Years Known: _____ |
| Name: _____ | Occupation: _____ |
| Address: _____ | Phone Number: _____ Years Known: _____ |
| Name: _____ | Occupation: _____ |
| Address: _____ | Phone Number: _____ Years Known: _____ |

APPLICANT'S CERTIFICATION

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and I understand that if any misrepresentation, omission or falsification is discovered, it will constitute grounds for dismissal from employment or rejection of my application. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. I understand and agree that if employed by this organization, I will abide by its rules and regulations, which I understand are subject to change.

Applicant's Signature: _____ Date: _____



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AUTHORIZATION FOR BACKGROUND CHECK

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am will allow a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I signed. This is in accordance with the Fair Credit Reporting Act.

Print Name: _____ Signature: _____

Date of Birth: _____ Social Security Number: _____

If name changed (through marriage or otherwise) print former name here: _____

Address: _____