

DESCRIBE YOU DUTIES, RESPONSIBILITIES AND EQUIPMENT OPERATED PROMOTION, ETC:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

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DESCRIBE YOU DUTIES, RESPONSIBILITIES AND EQUIPMENT OPERATED PROMOTION, ETC:

WHY DID YOU LEAVE? _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? _____ DEGREE: _____

LIST COURSES PERTAINING TO JOB APPLIED FOR:

ACTIVITIES, AWARDS, SPORTS, ETC:

GRADUATE SCHOOL (S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC, THAT YOU HAVE OR EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E. SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT, SHOULD WE SELECT YOU FOR A POSITION?

YES _____ / NO _____

IF YES, PLEASE EXPLAIN:

PLEASE LIST THE HOURS THAT YOU WILL BE WILLING TO WORK:

IN THE NATURE OF OUR BUSINESS WORKING HOLIDAYS, WEEKENDS, OVERNIGHT, MAYBE PART OF THE JOB, WILL THIS BE A PROBLEM?

YES _____ / NO _____

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ / NO _____

IF YES, PLEASE EXPLAIN:

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES _____ / NO _____

IF NO CAN YOU OBTAIN ONE PRIOR TO EMPLOYEMENT? YES _____ / NO _____

HAVE YOU EVER HAD A DUI CHARGE/TRAFFIC VIOLATION THAT WOULD DISQUALIFY YOU FROM BEING INSURED THROUGH MCFSA? YES _____ / NO _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ / NO _____

ARE YOU A RESIDENT OF OHIO? YES _____ / NO _____

IF NOT ARE YOU WILLING TO BECOME AN OHIO RESIDENT UPON EMPLOYMENT? YES _____ / NO _____

**PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN
AT LEAST ONE YEAR:**

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

**PLEASE LIST THREE REFERENCES THAT YOU ARE NOT RELATED TO THAT ARE CURRENTLY
EMPLOYED BY MORROW COUNTY E.M.S.**

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE READ EACH SECTION OF THE FOLLOWING PARAGRAPHS CAREFULLY, INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1) I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

INITIAL _____

2) If employed, I understand and accept that depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends, holidays, and work mandatory over – time hours.

INITIAL _____

3) I understand and accept that if any information required in this application that is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if the employer employs me, I may be subject to disciplinary action including termination if any information required by this application has been falsified or intentionally excluded.

INITIAL _____

4) I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

INITIAL _____

5) I hereby authorize the employer's, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and any other records to the employer.

INITIAL _____

I, SOLEMLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED, MAY LEAD TO WITHDRAWL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE. FOR DEPARTMENT USE ONLY.

Received By

Date

Reviewed by Squad Captain/Supervisor

Date

_____ APPROVED

_____ DENIED

Board of Trustees Decision

Date

_____ APPROVED

_____ DENIED