



CITY OF COSHOCTON, OHIO

AN EQUAL OPPORTUNITY EMPLOYER



Firefighter Employment Application

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM

PERSONAL INFORMATION

POSITION SOUGHT: _____

NAME: _____

Last

First

Middle Initial

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME OR CELL PHONE: _____

E-MAIL ADDRESS: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES: ____ NO: ____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (for background check purposes)

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES: ____ NO: ____

DRIVER LICENSE NUMBER _____

If not, can you obtain one before accepting employment? YES: ____ NO: ____

ARE YOU A U.S. CITIZEN? YES: ____ NO: ____

If not, have you legally declared your intention of becoming a U.S. citizen?

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 a resident upon employment? YES: ____ NO: ____

ARE YOU A RESIDENT OF THE CITY OF COSHOCTON? YES: ____ NO: ____

If not, are you willing to become a resident upon employment? YES: ____ NO: ____
(Residency within the City of Coshocton is not required for employment).

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EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES: ____ NO: ____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY ARE YOU CONSIDERING LEAVING? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

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PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

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EDUCATION

THIS SECTION IS INTENDED TO GIVE THE CITY OF COSHOCTON INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

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TRAINING AND EXPERIENCE

HAVE YOU OBTAINED CERTIFICATION AS A FIREFIGHTER 2?

YES: ____ NO: ____

IN THE SPACE BELOW, PLEASE LIST ANY OTHER TRAINING/PROGRAMS YOU HAVE COMPLETED

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_ DO YOU HAVE ANY FIRE FIGHTING EXPERIENCE?

YES: ____ NO: ____

IF YES, PLEASE EXPLAIN AND IDENTIFY ANY POSITIONS OR RANK HELD?

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

REFERENCES

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

1. NAME: _____

PHONE: _____ ADDRESS: _____

2. NAME: _____

PHONE: _____ ADDRESS: _____

3. NAME: _____

PHONE: _____ ADDRESS: _____

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I _____ hereby permit the City of Coshocton to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation, I understand that the City of Coshocton will be seeking information from my current employer, if employed, prior employers, and other individuals that I may not have disclosed. By signing this release, I hereby consent to all current employers, prior employers and educational institutions to provide necessary information to the City of Coshocton during the background investigation. I hereby release, hold harmless, and agree not to sue or file any claim of any kind against any current employer, former employer and educational institution, their respective officials, officers, employees, and agents, who in good-faith furnish the City of Coshocton oral or written reference information as requested by the City of Coshocton to complete its background investigation.

Signature of Applicant: _____ Date: _____

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PLEASE READ EACH 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 CITY OF COSHOCTON SAFETY SERVICE DIRECTOR BEFORE INITIALING.

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 City of Coshocton 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 and substance abuse testing.
Initials: _____
2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City of Coshocton, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.
Initials: _____
3. I understand and accept that the City of Coshocton 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 City of Coshocton require that the City of Coshocton's employees who have access to that information and data do not have a past record of criminal or unlawful activities. Therefore, I understand and accept that the City of Coshocton will investigate my background for any criminal or unlawful activity.
Initials: _____
4. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the City of Coshocton. I further authorize the release of personnel, academic and other records to the City of Coshocton.
Initials: _____

I SOLEMNLY SWEAR OR AFIRM 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 WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

Signature of Applicant: _____

Date: _____

Equal Employment Opportunity Statement

It is the policy of the City of Coshocton to assure Equal Employment Opportunity to its employees and applicants for employment on the basis of merit without regard to gender, race, color, religion, national origin, political affiliation, or age or any other basis protected by federal, state or local law, ordinance or regulation. The City of Coshocton will follow this policy in recruitment, hiring, testing, certification, promotion, layoffs, returns from layoffs, demotions, terminations, training, performance evaluations, leave, and use of City facilities. It is not the intent of this policy to permit or require the lowering of bona fide job requirements or qualification standards to give preference to any employee or applicant for employment. However, the City will take positive affirmative measures in accordance with federal, state and local ordinance, or regulation to recruit minorities, females, and persons with disabilities to all levels of City government.