

The Concord Twp. Fire Department, Perry Fire District and the Madison Fire District offer full testing services for the position of part-time firefighter through National Testing Network, Inc.

Fill out the application (below) and submit to one of the fire departments listed.

To schedule a test, go to [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com), select Fire Career then, select Ohio and sign up for the Lake County East Fire Departments.

# Lake County East Fire Departments

## PERRY FIRE DISTRICT.

3742 Center Road  
Perry, Ohio 44081  
(440) 259-2880  
Fax (440) 259-3680

## CONCORD TOWNSHIP FIRE DEPT.

11600 Concord Hambden Road  
Concord Township, Ohio 44077  
(440) 354-7504  
Fax (440) 354-7507

## MADISON FIRE DISTRICT

840 River Street  
Madison, Ohio 44057  
(440) 428-1522  
Fax (440) 428-2227

**The following information describes the hiring process for the Concord Township Fire Department, the Perry Fire District and the Madison Fire District.**

**Applicants must also apply with the National Testing Network ([nationaltestingnetwork.com](http://nationaltestingnetwork.com)) and take the required assessment test. Test results will automatically be forwarded to all departments.**

Copies of the following, along with a complete application, including your signature, are required for your application to be processed. All the required documentation must be kept up to date during the hiring process. Application and certificated can be dropped off to any of the departments listed above.

1. Ohio Driver's License  
**Applicant MUST maintain the minimum level of auto insurance required by the State of Ohio and MUST be insurable by the Fire Departments applied for.**
2. State of Ohio, Department of Public Safety Certificate:  
EMT, Advanced EMT, or Paramedic (include a copy of your ACLS card)
3. State of Ohio, Department of Public Safety Certificate:  
Firefighter Level II (240 Firefighting Class)
4. Current CPR Card
5. Certification of completion of Firefighting Physical Agility Testing from Cuyahoga Community College
  - Contact Cuyahoga Community College at (216) 987-5063 for dates, time and cost
  - Certification time MUST be four and ½ minutes (4.5) minutes or less
6. NIMS – 700, 800, 100, 200  
Available online at [www.fema.gov/emergency/NIMS](http://www.fema.gov/emergency/NIMS)

**Items 1 -5 must be valid at time of application AND maintained while employed with the Concord Township Fire Department, Perry Fire District or Madison Fire District. This application applies to all departments listed.**

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Home: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Area Code

Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Area Code

If necessary, best time to call you at home is: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Are you on a lay-off and subject to recall? Yes  No

May we contact you at work? Yes  No

If yes, work number and best time to call: ( ) \_\_\_\_\_ Time: \_\_\_\_\_  
Area Code

Are you over age 18? Yes  No

If you are under 18, can you furnish a work permit? Yes  No

Have you filed an application to any or all before? Yes  No

If yes, provide Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever served in the U.S. Armed Forces? Yes  No

If yes, what branch and type of discharge: \_\_\_\_\_

Are you currently a member of the U.S. Reserve,  
National Guard or State Guard Organization? Yes  No

If yes, what service, component and grade: \_\_\_\_\_

If required, will you undergo a post-offer pre-employment physical with drug test? Yes  No

Are you willing to accept a "No Smoking" regulation in this workplace? Yes  No

Have you ever been discharged or forced to resign from any position on the  
Basis of unsatisfactory conduct or performance? Yes  No

If yes, provide details on the bottom of page 3.

**Educational Background**

Circle Highest School Year Completed:

Elementary 1 2 3 4 5 6 7 8
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High 9 10 11 12
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College/University 1 2 3 4
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Graduate/Professional 1 2 3 4
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SCHOOL NAME & ADDRESS		DIPLOMA/ DEGREE	COURSE	GPA/ RANK
High or Trade School		YES <input type="checkbox"/>		
		NO <input type="checkbox"/>		
Business or Technical		YES <input type="checkbox"/>		
		NO <input type="checkbox"/>		
College or University		DEGREE:	MAJOR:	
Graduate School/Other		DEGREE:	MAJOR:	

If you did not receive a diploma from a High school, did you receive a high school Equivalency diploma (GED)?

Yes  No

Number: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

**References**

List three persons, other than supervisors listed on page three, who are not related to you by blood or marriage, whom we are free to contact and who have knowledge of your character, experience, or ability. Persons familiar with your present or past job performance are strongly preferred.

FULL NAME	COMPLETE BUSINESS OR HOME ADDRESS	OCCUPATION	PHONE NO.

This space may be used to explain your answers to any questions on this application. (Additional sheets may be used if necessary.)

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## Employment History

In the space provided below, give a complete record of employment for not less than the past **15 years, beginning with your present or most recent employment and work back.** Account for all periods, including self-employment, unemployment and service with the U.S. Armed Forces. Use additional sheets if necessary.

Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title (s)		Starting Salary \$                      Per		
Immediate Supervisor and Title		Final Salary \$                      Per		
Reason for Leaving		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title (s)		Starting Salary \$                      Per		
Immediate Supervisor and Title		Final Salary \$                      Per		
Reason for Leaving		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title (s)		Starting Salary \$                      Per		
Immediate Supervisor and Title		Final Salary \$                      Per		
Reason for Leaving		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed and job responsibilities
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		From	To	
Address				
Job Title (s)		Starting Salary \$                      Per		
Immediate Supervisor and Title		Final Salary \$                      Per		
Reason for Leaving		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Fire & EMS Training**

Training/Course Name	Location	Dates	Certificate #/Expiration Date
<b>Firefighter I or II</b>			
<b>EMT or Paramedic</b>			
<b>CPR</b>			
<b>Hazmat/Tech</b>			
<b>Hazmat Operations</b>			
<b>Fire Inspector</b>			
<b>Fire Instructor</b>			
<b>Fire Investigator</b>			

**Special Qualifications and Skills**

Please list any additional training:

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Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

List licenses, CDLs, registrations or certifications which you possess. Also, list the State or other authority which granted it.

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Describe any computer experience you may have had.

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Give any other special qualifications not covered elsewhere in your application, such as: (1) your publications; (2) your patents or inventions; (3) public speaking and public relations experience; (4) membership in professional, trade or scientific organizations; (5) honors and fellowships received; (6) foreign languages.

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# CERTIFICATION OF APPLICANT

I hereby certify that all information furnished in this application is true to the best of my knowledge and any misstatement of fact contained in this application may be sufficient cause for rejection of employment or termination.

I authorize any employer, branch of the Armed Forces, personal reference, school, department, agency or organization as listed in this application to release any needed information to the departments for which I am applying.

I understand that the departments for which I applied consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

I recognize that, should I be hired, my employment is "at-will". I will be free to resign my employment for any reason at any time, just as the departments for which I applied will be free to terminate my employment for any reason at any time.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
APPLICATION RECEIVED BY

Forward to: Concord  \_\_\_\_\_

Perry  \_\_\_\_\_

Madison  \_\_\_\_\_