

CONCORD TOWNSHIP FIRE DEPARTMENT

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

The following information describes the hiring process for the Concord Township Fire Department

Copies of the following, along with a complete application, including your signature, are required for your application to be processed.

All required documentation must be kept up to date during the hiring process.

Application and certifications can be dropped off at the address above.

Applicant **MUST** maintain the minimum level of auto insurance required by the State of Ohio and **MUST** be insurable by the Fire Department.

1. Ohio Driver's License
2. State of Ohio, Department of Public Safety Certificate:
EMT, Advanced EMT or Paramedic
3. State of Ohio, Department of Public Safety Certificate:
Firefighter Level II (240 Firefighting Class)
4. Current CPR Card
Current ACLS Card (Paramedics)
5. Certification of completion of Firefighting Physical Agility Testing from
Cuyahoga Community College
Contact Cuyahoga Community College at (216) 987-5063 to schedule
Certification time **MUST** be four and 1/2 minutes (4.5 minutes) or less
6. NIMS - 700, 800, 100, 200
Available online at 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

Position(s) Applied For: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street City Zip

Home: (_____) _____ Social Security Number: _____
Area Code

Cell: (_____) _____
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

High 9 10 11 12

College/University 1 2 3 4

Graduate/Professional 1 2 3 4

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.)

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	
Adress			
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	
Adress			
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	
Adress			
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	
Adress			
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	
Adress			
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
Firefighter I or II			
EMT or Paramedic			
CPR			
Hazmat/Tech			
Hazmat Operations			
Fire Inspector			
Fire Instructor			
Fire Investigator			

Special Qualifications and Skills

Please list any additional training:

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.

Describe any computer experience you may have had.

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.

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	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____