
Ravenna Township Fire Department

Application for Employment

Date: _____

Date Received: _____

Received By: _____

Position Applied For: _____

Available Hours: _____ Days _____ Evenings _____ Weekends

Name: _____
Last First Middle Initial

Address: _____
Number Street /PO Box # Apartment #

_____ City State Zip

Telephone: () _____ () _____
Day Evening

Social Security Number

Are you 18 years of age or older? _____ Yes _____ No

Do you have a valid Ohio Drivers License: _____ Yes _____ No

If yes, provide the following: _____ License number _____ State

_____ Expiration Date

Have you ever been employed by Ravenna Township: _____ Yes _____ No

If yes, date: _____ Department: _____

In what position: _____

EDUCATION

High School: _____ Address _____

Diploma _____ G.E.D. _____
Yes/No Yes/No City State Zip

College: _____ Address _____

Degree: _____ Major: _____
City State Zip

Other Education: _____ Address _____

Degree: _____ Major: _____
City State Zip

List any additional training; certificates; and/or licenses you hold: _____

Do you currently hold an Ohio Emergency Medical Service Certificate?

First Responder _____

EMT Basic _____

EMT Intermediate _____

EMT Paramedic _____

Do you currently hold an Ohio Fire Service Certificate?

36 hr FF 1A _____

74 hr FF 1B _____

110 hr FF 1C _____

240 hr FF 1 and 2 _____

EXPERIENCE

Describe any previous experience you may have for the position you are applying for:

Describe any special skills or abilities you may have for the position you are applying for:

Describe any special training you have received for the position you are applying for:

I solemnly swear or affirm that the answers I have provided to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby grant Officials of Ravenna Township the ability to obtain and receive a full background check. I also grant officials of Ravenna Township the ability to make detailed inquiries to any of my present or former employer(s) as to my previous work record. I understand that this application is held for period of one (1) year from the date of receipt by Ravenna Township, then disregarded. I understand that any falsifying of this application or any blemishes found on the background check or references can terminate any further consideration of this application, and may be used for dismissal after appointment.

NOTE: This application must be signed in the presence of a Notary Public.

Signature of Applicant _____ Date: _____

Signature _____ (Seal)
Notary Public

My Commission expires: _____