## Ravenna Township Fire Department

## Application for Employment

Date:			Date Received:		
			Received By:		
Position A	Applied For:				
Available	Hours:	Days	Evenings		Weekends
Name:	T	T'	M' 1	All Turklet	
	Last	First	Mid	dle Initial	
Address:	Number	Street /PO Box #	Apa	rtment #	
	City	State	Zip		garanta da
Telephor	ne: ( )		( )		
		Day		Evening	
	Social Sec	curity Number			
Are you 1	18 years of age	or older?	Yes	No	
Do you have a valid Ohio Drivers License:			Yes	No	
If yes, provide the following:			License numb	er	State
			Expiration Da	te	
Have you	u ever been em	ployed by Ravenna Township:	Yes		No
If yes, date:			Department:		
In wh	at position:				

EDUCATION								
High School:				Address				
Diploma Yes/No	-	G.E.D.	Yes/No		City		Zip	
College:				_Address	***************************************			
Degree:					City		•	
Other Education:								
Degree:					City	State	Zip	
List any additional	training; co	ertificates	; and/or lic	enses you	hold:			
Do	you curren	itly hold a	n Ohio Em	ergency M	ledical Se	rvice Certifi	cate?	
First Responder EMT Basic								
EMT Intermediate	EMT Intermediate EMT Paramedic							
	Do yo	u currentl	y hold an C	Ohio Fire S	Service Ce	rtificate?		
36 hr FF 1A	36 hr FF 1A 74 hr FF 1B							
	110 hr FF 1C 240 hr FF 1 and 2							

## **WORK EXPERIENCE**

Start with your present or last employer. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Address: Street	City	State	Zip
Succi	City	State	Zip
Position:	Rate	of Pay:	Start
Telephone number			Final
Dates employed: From:		To:	
Reason for leaving this employmen			
Employer:			
Address:	Cit	C	7
Street	City	State	Zip
Position:	Rate	e of Pay:	Start
Telephone number	-	-	Final
Dates employed: From:		То:	97
Reason for leaving this employmen	ıt:		
Employer:			
Address:		0	77.
Street	City	State	Zip
Position:	Rate	e of Pay:	Start
Telephone number			Final
Dates employed: From:		To:	

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:		

## **REFERENCES** List three (3) references who are not related to you and are not previous employers Name: Address: City Street Zip State Evening Phone: How long have you known this person: Address: Street City State Zip Phone: Day Evening How long have you known this person: Name: Address: Street City State Zip Phone: Evening How long have you known this person:

Zip

State

Name:

Phone:

In case of emergency, please notify the following:

City

Address:

Street

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 a period of two (2) years 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.

Signature	Print Name	Date
Witness Signature	Print Name	Date