

Berne Township Fire Department



PO Box 310
5872 Sugar Grove Road
Sugar Grove, Ohio 43155
(740)746-8244

Employment Application

Application Date _____

Position Applying For: ___ Cadet ___ Jr. FF ___ Volunteer ___ Part-Time

Current Level of Training with certification

Firefighter: ___ Volunteer ___ Firefighter 1 ___ Firefighter 2

EMS: ___ EMR/First Responder ___ EMTB ___ EMTI ___ EMTP

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ County _____ Zip _____
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Home Phone _____ Cell Phone _____ Emergency contact/other _____

Email address _____

Birth date _____ Social Security Number _____

Contact Preference: ___ Home phone ___ cell Phone ___ email ___ other _____

Are you 18 years old or older? _____ (yes or no)

Are you legally eligible for employment in the United States? _____ (yes or no)

Driver's License Number _____ State Issued _____ Expiration Date _____

Fire/EMS Certification Number _____ Expiration Date _____

Education

Did you graduate high school/GED? _____ (yes or no) if not, anticipated graduation date: _____

Name of school	Years Attended	Year Graduated
College	Years Attended	Highest Degree Attained
Did you graduate? _____ (yes or no)		

Fire Training – Highest Level Completed

School Name	Level	Year Completed
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EMT Training – Highest Level Completed

School Name	Level	Year Completed
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Other Relevant Specialty Courses/Training

Certified Fire Safety Inspector Fire Instructor Fire Investigator
 HazMat Technician EMS CE Instructor EMS Instructor
 Rescue Technician Other please specify: _____

References – List three (no relatives)

Name	Phone	Years known

Work History (three most recent employers – including current)

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Employer's name	Phone number	
Address	City	State
Supervisor	Years employed (dates from – to)	

May we contact your work place? _____ (yes or no)
 Will you continue to work there? _____ (yes or no)

If you will not continue to work there – reason for leaving?

Duties Performed

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Employer's name

Phone number

Address

City

State

Supervisor

Years employed (dates from – to)

May we contact your work place? _____ (yes or no)

Will you continue

()

Employer's name

Phone number

Address

City

State

Supervisor

Years employed (dates from – to)

May we contact your work place? _____ (yes or no)

Will you continue to work there? _____ (yes or no)

If you will not continue to work there – reason for leaving?

Duties Performed

to work there? _____ (yes or no)

If you will not continue to work there – reason for leaving?

Duties Performed

Previous Addresses- please list the previous 3 residences, beginning with the most recent. Include date ranges at each address.

Address

City

State

Dates

Address

City

State

Dates

Address

City

State

Dates

Have you even been arrested? _____ (yes or no)

Please explain:

Have you even been convicted of a crime? _____ (yes or no)

Please explain:

Applicants for Fire/EMS services positions must have a high school diploma or equivalent and a valid Ohio Driver's License with Insurance. I hereby declare that the information contained in this application is true to the best of my knowledge. I hereby understand that I must pass the Berne Township's physical/drug testing requirements and agree to abide by the Fire Department's substance abuse policy.

I hereby understand that if accepted, I will be a probationary member for a period of at least one year. If any of the information contained in this application is perjured, I understand this will be grounds for immediate termination.

By signing this application, I hereby authorize the release of this information to the appropriate officials to investigate my background, including but not limited to a criminal background check with the Ohio Bureau of Criminal Investigations, a driver's abstract, local law enforcement and any investigations deemed necessary by the fire chief.

Signature of Applicant _____ Date signed _____

Witness Signature _____ Date signed _____

**Please submit completed applications to:
Berne Township Fire Department
ATTN: Fire Chief
PO Box 310
5872 Sugar Grove Road
Sugar Grove, Ohio 43155
Or
Via Fax – (740)746-8322
Or
Drop off in person to the station during normal business hours**

Office Use Only

_____ Interview For: Cadet _____ Jr. FF _____
Interview Date Volunteer _____ Part-Time _____

Recommendation: Accept or Decline _____
Date _____