

BEAVERCREEK FIRE DEPARTMENT
EMPLOYMENT APPLICATION
(Form PERS0005 1/79)

Please Print

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Date of Application: ____ / ____ / ____

Referral Source: _____ Friend _____ Relative _____ Other _____

Name: _____
Last First Middle

Phone Number: _____ Social Security Number: _____ - _____ - _____

Address: _____
Number Street Name City State Zip

How long have you lived at this address ? _____

Are you age 18 or older ? Yes _____ No _____

Occupation : _____

Present Employer: _____ Supervisor: _____

Address: _____
Number Street Name City State Zip

Phone Number: _____

Have you ever been convicted of a felony ? Yes _____ No _____

Have you ever been convicted of a misdemeanor ? Yes _____ No _____

If yes for either, give details: _____

List all traffic violations within the past five (5) years: _____

Have you ever filed an application here before ? Yes _____ No _____ Date: _____

Have you ever been employed here before ? Yes _____ No _____ Date: _____

Are you a citizen of the United States ? Yes _____ No _____

Have you served in the U. S. Military ? Yes _____ No _____

Branch: _____ Dates of Service: _____

Rank at Discharge: _____

Do you have a valid Ohio driver's license ? Yes _____ No _____ Drivers License # _____

Type of license: Operator _____ Chauffeur _____

Which State if not Ohio ? _____

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PERSONAL REFERENCES

Do not list former employers or relatives -- only persons who can provide education or character references:

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying ? Yes _____ No _____

If yes, explain: _____

Do any of your friends or relatives work here ? Yes _____ No _____

If yes, list names: _____

List professional organizations you belong to and any offices you have held: _____

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EMPLOYMENT RECORD

List all present and past employment beginning with the most recent first. Use a separate sheet of paper if necessary to list all employers.

Employer's Name: _____ / _____
(From) (To)

Address: _____ Phone No.: _____
Area Code

Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)

Name & Title of Supervisor: _____

Your Job Title: _____ Reason for Leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ / _____
(From) (To)

Address: _____ Phone No.: _____
Area Code

Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)

Name & Title of Supervisor: _____

Your Job Title: _____ Reason for Leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ / _____
(From) (To)

Address: _____ Phone No.: _____
Area Code

Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)

Name & Title of Supervisor: _____

Your Job Title: _____ Reason for Leaving: _____

Briefly describe the nature and duties of your position: _____

Employer's Name: _____ / _____
(From) (To)

Address: _____ Phone No.: _____
Area Code

Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)

Name & Title of Supervisor: _____

Your Job Title: _____ Reason for Leaving: _____

Briefly describe the nature and duties of your position: _____

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EDUCATION AND TRAINING

Schools Attended	Name & Address	Did you Graduate	Degree	Major Studied
High School _____ _____		_____	_____	_____
Business or Trade School _____ _____		_____	_____	_____
College _____ _____		_____	_____	_____
Other _____ _____		_____	_____	_____

Special Qualifications (include technical and professional licenses, academic and professional awards, etc.)

Describe specialized training, apprenticeship, skills and extra-curricular activities, fire training, EMS, etc.:

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information or omissions in my application or interview(s) may result in my discharge, whenever discovered.

I also understand that if employed, I am required to abide by all the rules and regulations of the Company/Department.

Signature of Applicant Date

OFFICE USE ONLY Type of Examination Date Administered Score Standing on Eligible List

Interviewed by: _____ Date & Time _____