

**APPLICATION FOR FIRE DEPARTMENT EMPLOYMENT**  
**NORTHFIELD CENTER TOWNSHIP**  
 60 WEST AURORA ROAD, NORTHFIELD CENTER, OHIO 44067-2408  
 Phone: (330) 467-7646 Fax: (330) 650-0815  
 E-Mail: [townhall@northfieldcenter.com](mailto:townhall@northfieldcenter.com) Web: [www.northfieldcenter.com](http://www.northfieldcenter.com)

**An Equal Opportunity Employer**

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

Are you at least 21 years old?  Yes  No Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (LAST) (FIRST) (MI)

ADDRESS: \_\_\_\_\_  
 Street City State ZIP

SOCIAL SECURITY NO.: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

DO YOU OWN AN AUTOMOBILE (Y) (N) MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ CONDITION: \_\_\_\_\_

DO YOU HAVE LIABILITY INSURANCE (Y) (N) HAVE YOU HAD DRIVERS EDUCATION CLASSES? (Y) (N)

HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE? (Y) (N) If yes, why: \_\_\_\_\_

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? (Y) (N) IF YES, EXPLAIN ON BACK OF PAPER.

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MOVING TRAFFIC VIOLATION? (Y) (N)

HAVE YOU EVER BEEN CONVICTED OF DWI, OUI, OR OTHER ALCOHOL RELATED DRIVING OFFENSE? (Y) (N)

IF ANSWER IS YES TO EITHER OF ABOVE QUESTIONS, GIVE DATE(S), CITY & STATE, TYPE OF VIOLATION:

\_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? (Y) (N)

IF YES, GIVE DATE, CITY/STATE AND TYPE OF CRIME:

\_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS ADDRESSES - (Cover past five years):**

Street City State ZIP

Street City State ZIP

Street City State ZIP

AREA OF INTEREST: FIREFIGHTING ( ) EMERGENCY MEDICAL TECHNICIAN ( )

CERTIFIED FIREFIGHTER? (Y) (N) LEVEL: \_\_\_\_\_ STATE: \_\_\_\_\_ WHEN: \_\_\_\_\_

CERTIFIED EMT? (Y) (N) LEVEL: \_\_\_\_\_ STATE: \_\_\_\_\_ WHEN: \_\_\_\_\_

**EXPERIENCE AS A FIREFIGHTER AND/OR EMERGENCY MEDICAL TECHNICIAN:**

Department/Company City State How long?

**EDUCATION:** School name City/State Year Grad.? Degree/Major

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade School: \_\_\_\_\_

Other: \_\_\_\_\_

GED? (Y) (N) City: \_\_\_\_\_ State: \_\_\_\_\_ When: \_\_\_\_\_

**WORK EXPERIENCE:** (List present or last place of employment first)

FIRM: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ DUTIES PERFORMED: \_\_\_\_\_

NAME & TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? (Y) (N) IF NO, WHY? \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

FIRM: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ DUTIES PERFORMED: \_\_\_\_\_

NAME & TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

WHY DID YOU LEAVE: \_\_\_\_\_

FIRM: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ DUTIES PERFORMED: \_\_\_\_\_

NAME & TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

**U.S. MILITARY SERVICE:** (Y) (N) BRANCH OF SERVICE: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_ DATE DISCHARGED: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

**REFERENCES:** List three persons who have known you for more than five years that are NOT relatives:

\_\_\_\_\_  
Name Address City/State Phone

\_\_\_\_\_  
Name Address City/State Phone

\_\_\_\_\_  
Name Address City/State Phone

**APPLICANTS CERTIFICATION:**

I \_\_\_\_\_ hereby certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge, without mental reservations of any kind whatsoever. If employment is obtained under this application, I will comply with all orders, rules and regulations of the department.

I understand that any offer of employment which is made to me is contingent upon my successfully passing the departments physical examination and any training required by the department, state and federal laws and regulations. If accepted for employment, I agree to submit myself for examination by a physician or physicians of the departments selection (cost for such examination to be born by Northfield Center Township) as often as may be requested. I understand that deliberate falsification of information given herein and contained in this application is grounds for dismissal in accordance with the Northfield Center Fire Department policy.

I authorize this department to contact any agency and the references listed above to give you any and all information concerning my previous employment any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* \* \* \* \* (Do not write below this line) \* \* \* \* \*

**DEPARTMENT APPROVALS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

