



St. Clair Township Fire Department
3900 Trenton Rd.
Hamilton, Ohio 45011
(513) 867-0066

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Are you over 18?: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

If yes, explain: _____

Do you have any physical conditions which would restrict you from participating in firefighting or rescue activities? YES NO

If yes, explain: _____

Are you currently under treatment by a physician? YES NO

If yes, explain: _____

Do you have any prior experience or training in firefighting or rescue operations? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Signature

I certify that my answers are true and complete to the best of my knowledge. I am willing to undergo a physical and/or mental examination conducted by a physician and/or medical professional designated by St. Clair Township. I also agree to release the results of that examination to the officers of the St. Clair Township Fire Department in consideration of my employability and fitness for duty.

Signature: _____ Date: _____

SECTION 1: DISCLOSURE

This form, which you should read carefully, has been provided to you because The St. Clair Township Fire Department may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. The St. Clair Township Fire Department will use any such report(s) solely for employment-related purposes.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to The St. Clair Township Fire Department. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, Workers' Compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions, or other acquaintances.

If you are denied employment as a result of information obtained from your background check, The St. Clair Township Fire Department will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Consumer Financial Protection Bureau entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

SECTION 2: AUTHORIZATION AND RELEASE

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to The St. Clair Township Fire Department in conjunction with my job application. I also authorize disclosure to The St. Clair Township Fire Department and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history and all other information The St. Clair Township Fire Department deems pertinent by any individual, corporation or other private or public entity, including, without limitation, the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and The St. Clair Township Fire Department, its officers, directors, and employees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, investigations, verifications and/or the use of any information relevant to my employment.

I understand that if The St. Clair Township Fire Department hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to St. Clair Township Fire Department. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Background Check Disclosure, Authorization and Release form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by The St. Clair Township Fire Department.

I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

SECTION 3: APPLICANT INFORMATION

Full Name: _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Driver's License #: _____ State of Issue: _____ Country of Residence: _____

Date of Birth (for ID purposes only) _____ Social Security #: _____

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor?
(misdemeanors include OVI or DUI) If you answer yes, please answer the following. YES NO

Conviction Conviction Type Conviction Date (mm/dd/yy)

County City State

Conviction description: details of all offenses including nature, circumstances, and dates. Attach additional sheets if necessary. A conviction will not necessarily be a bar to employment.

**Aliases /
Other Name**

First Middle Last

Does applicant have a maiden name? YES NO Maiden name: _____

Previous Addresses

Please provide addresses of residences for the past seven years, including street address, city state, zip code, country (if not the US) and dates of residence for each address.

Signature: _____ Date: _____