

# MADEIRA & INDIAN HILL JOINT FIRE DISTRICT

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date \_\_\_\_\_

### PERSONAL INFORMATION

(Please Print)

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOME PHONE:(\_\_\_\_\_) CELL PHONE:(\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

Position applying for: \_\_\_\_\_  
(Describe)

Previously applied here? Yes ☐ No ☐ If Yes, give date(s): \_\_\_\_\_

Are you known to schools/references/employers by another name? Yes ☐ No ☐

If Yes, please indicate the name(s): \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Type of School	Name and Address	Course of Study	Did You Graduate?	List Degree or Diploma
High School				
College				
Graduate School				
Business or Trade				
Other				

**WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)**

Describe your work experience in detail, beginning with your current or most recent job. Include military service and job related volunteer work, if applicable. Use a block to describe "gaps" in employment. Attach additional sheets if required.

Date, Month, and Year	Employer's Name, Address, Phone No.	Job Title and Duties	Salary or Rate	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

### REFERENCES

List below three persons you have known for at least two years (exclude former employers and relatives).

Name and Occupation	Address	Phone Number

### CERTIFICATIONS and LICENSE(s)

List CERTIFICATIONS and license(s) relevant to the position (Ohio Paramedic, Ohio Firefighter, Ohio Driver's License, CPAT, etc) in the table below.

Certification	Issuing Agency	Issuing State	Certification #	Expiration Date

### KNOWLEDGE, SKILLS, ABILITIES

List any special knowledge, skills or abilities you possess and believe are relevant to the position and feel we should be aware of in considering your application. (Attach additional sheets, if required).

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## APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by MADEIRA & INDIAN HILL JOINT FIRE DISTRICT (the Fire District), will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
2. My signature authorizes the Fire District or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify the Fire District, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by the Fire District if I am made a contingent offer of employment. I release and agree to indemnify the Fire District, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.
4. I agree and consent that the Fire District may inspect any of the Fire District's property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto the Fire District's premises are subject to inspection at any time and for any reason, without prior notice.
5. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.
6. I understand and agree if I am employed by the Fire District, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, the Fire District can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in the Fire District's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and the Fire District for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that the Fire District may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on the Fire District unless it is in writing signed by me and the Fire Chief of the Fire District, and that document states that the employment relationship is not "at-will" and details the specific promise or guarantee.
7. **READ CAREFULLY BEFORE SIGNING.** In consideration of the Fire District's review of my application, I knowingly agree and understand that any claim or lawsuit arising out of my application for employment with, my employment with, or subsequent separation from the Fire District must be filed no more than 180 calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than 180 calendar days, I agree to be bound by the 180 calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

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Applicant's Signature

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Date