



Hamilton Township Fire Department Employment Application

Completed applications and required documents should be emailed to htfdemployment@hamtwpfcOH.gov or dropped off at the Hamilton Township Community Center located at 6400 Lockbourne Rd, Lockbourne, OH 43137



PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____ City/State: _____ Zip: _____

Contact Number: _____ E-mail Address: _____

Driver's License Number: _____ Issuing State: _____

How many points do you have on your driving record? _____ Are you legally eligible to work in the US? Yes No

Are you a Veteran? Yes No Have you ever been convicted of a misdemeanor or felony? Yes No

POSITION

Position Applying For: _____ Available Start Date: _____

Availability: Full-Time Part-Time Are you seeking lateral? Yes No

EDUCATION

School Name	Program/Major	Completed Program?

List any special trainings or experiences that you feel would help you in the position that you are applying for:

EMPLOYMENT HISTORY (MOST RECENT FIRST)

Job Title: _____ Start Date: _____ End Date: _____

Company or Department Name: _____ City/State: _____

Supervisor's Name: _____ Contact Number: _____

Duties:

Reason for Leaving: _____

May we contact your present employer? Yes No

EMPLOYMENT HISTORY (CONTINUED)

Job Title: _____ Start Date: _____ End Date: _____

Company or Department Name: _____ City/State: _____

Supervisor's Name: _____ Contact Number: _____

Duties:

Reason for Leaving: _____

Job Title: _____ Start Date: _____ End Date: _____

Company or Department Name: _____ City/State: _____

Supervisor's Name: _____ Contact Number: _____

Duties:

Reason for Leaving: _____

Job Title: _____ Start Date: _____ End Date: _____

Company or Department Name: _____ City/State: _____

Supervisor's Name: _____ Contact Number: _____

Duties:

Reason for Leaving: _____

PROFESSIONAL REFERENCES

Name	Contact Number/E-mail	Relationship to You

Check if you have provided copies of the following documents:

A valid driver's license (required)

BCI background check from your county of residence*

State of Ohio Driver's Abstract*

* not required at submittal of application

Check the following qualifications that you have provided documentation for:

EMT-B

Firefighter II Certification

Paramedic Certification

Digital Application Acknowledgement and Signature:

- I certify that all of the information furnished in the employment application and its addenda (including continuation sheets, transcripts, certificates, or any other material submitted to be considered for employment), are true and complete to the best of my knowledge.
- I understand that Hamilton Township (Franklin County, Ohio) may investigate the information I have provided, and I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duty, convictions, or personal information to Hamilton Township and I release any such person, firm or organization from any responsibility in disclosing such information.
- I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment with Hamilton Township (Franklin County, Ohio).
- I acknowledge that according to ORC Section 1306.06 that a digital signature below is lawfully binding in the State of Ohio.

I acknowledge and accept the above statements.

Signature: _____

Date: _____

INTERNAL OFFICE USE ONLY

Physical Agility Test	Date:	Pass	Fail
Pre-Emp. Physical	Date:	Pass	Fail
Pysch Exam	Date:	Pass	Fail

Interview	Date:
Offer Extended	Date:
Acceptance	Date:
Official Hire Date	Date: