

City of Brookville Fire Department

APPLICATION FOR EMPLOYMENT

775 E. Upper Lewisburg Salem Rd. PO Box 10

Brookville, Ohio 45309

(An Equal Opportunity Employer)



PERSONAL INFORMATION:

First Name	Last Name	Middle Initial		
Address: (Number/Street, City, State, Zip)				
Phone Number: (Circle one) Home/ Mobile				
Alternate Contact: (Circle one) Cell/ Email/ Other (Describe):				
Position Applied For:	<input type="checkbox"/> FF	<input type="checkbox"/> EMT/PARAMEDIC	<input type="checkbox"/> FF/EMT	<input type="checkbox"/> FF/PARAMEDIC
Are you legally eligible for Employment in the USA? Y [] or N []	Are you of legal age to work in Ohio? Y [] or N []	Note: Verification of age and employment eligibility status will be required upon hire.		
Date Available:	Have you ever been employed by the City of Brookville? Y [] or N []			

If yes, Date and Position: _____

EDUCATION:

School	Name and Address of School	Course of Study	Last Year Completed	List Diploma or Degree
High School				
College				
Other (Specify)				

Are there any other experiences, qualifications, knowledge, skills, or abilities you possess which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

EMPLOYMENT HISTORY: List current and past employment, beginning with the most recent.

Name of Employer	Start Date	End Date	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
Address of Employer:				Job Title:	
Phone:		Description of Job Duties:			
Name of Employer	Start Date	End Date	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
Address of Employer:				Job Title:	
Phone:		Description of Job Duties:			
Name of Employer	Start Date	End Date	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
Address of Employer:				Job Title:	
Phone:		Description of Job Duties:			
Name of Employer	Start Date	End Date	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
Address of Employer:				Job Title:	
Phone:		Description of Job Duties:			

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s):

Except as otherwise stated above, I hereby give the City of Brookville permission to contact the employers list above concerning my prior work experience.

Applicant Signature: _____

PERSONAL REFERENCE: Do not include former employers or relatives.

Name and Occupation	Relationship	Mailing Address	Phone Number

I certify that all the information submitted by me on this application and its attachments are true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. If I am employed, my employment may be terminated based on such misrepresentation. Unless specifically noted otherwise, I hereby authorize the City of Brookville to make inquiry of any person or organization named in this application for the purpose of verifying the information provided and release any such person providing information to the City of Brookville from any liability arising out of the provision of such information.

I understand that the City of Brookville may choose to perform pre-employment record checks, including, but not limited to, criminal record checks, driving record checks, credit record checks, and employment or education record checks. Additionally, I understand that, as a condition of employment, the City of Brookville reserves the right to perform these record checks on a continuing basis. I hereby authorize such record check and release any such person providing information to the City of Brookville from any liability arising out of the provision of such information.

I understand that, if I am offered a position with the City of Brookville, I will be required to submit to a pre-employment physical examination, at the expense of the City of Brookville, at a place designated by the City of Brookville, and that this physical examination will include drug/alcohol test(s), as well as any other testing procedures determined to be necessary and appropriate for the position. I hereby authorize the physical examinations/test by the City of Brookville. I hereby release the City of Brookville and the physician(s) and/or medical facilities performing the examinations/test, or any and all liability arising out of the administration of the examinations/test and for any and all actions arising out of the results.

I understand that, unless the terms of employment are otherwise limited by civil service or a collective bargaining agreement, my employment can be terminated, with or without cause, and with or without notice at any time, at either my option or the City of Brookville's option.

Signature of Applicant

Date Signed

CERTIFICATIONS :

Fire/EMS Certification # _____ Expiration Date _____ Initial Cert Date _____

Level: ☐ Vol. FF ☐ FF1 ☐ FF2

Level: ☐ EMT Basic ☐ EMT Intermediate ☐ Paramedic ☐ Physician

Current Cert. Date _____

Check all that Apply:	CERTIFICATION	CURRENT CERT DATE	EXPIRATION DATE
	ACLS Provider		
	BLS Provider		
	BLS Instructor		
	Emergency Vehicle Driver Training		
	Traffic Incident Management		
	Haz Mat Awareness		
	Haz Mat Operations		
	Haz Mat Technician		
	Fire & Emergency Services Instructor 1		
	Fire & Emergency Services Instructor 2		
	Ohio Fire Safety Inspector		
	Ohio Fire Safety Inspector Instructor		
	Ohio Live Fire Instructor		
	PALS Provider		
	Ohio Trauma Triage		
	Dementia Training for Ohio EMS		
	Courage to BE SAFE		
	Tactical Combat Casualty Course		
	Ohio Rescue Task Force Awareness		
	Rescue Task Force – Online	Completion Date:	
	Rescue Task Force – Practical	Completion Date:	
	Current EMS Operating Protocol	Completion Date:	
	FEMA ICS 100: Intro to the Incident Command System	Completion Date:	
	FEMA ICS 200: ICS for Single Resources	Completion Date:	
	FEMA ICS 300: Intermediate ICS for Expanding Incidents	Completion Date:	
	FEMA ICS 400: Advanced ICS	Completion Date:	
	FEMA ICS 700: NIMS, an Introduction	Completion Date:	
	FEMA ICS 800: National Response Framework, an Intro	Completion Date:	

EMPLOYMENT BACKGROUND AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history; Criminal history records from any criminal justice agency in any or all federal, state, city, and county jurisdictions; State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration; Military National Personnel Record Center; Educational institutions to include transcripts; Any individual, company, firm corporation, present and/or past employers or public agencies (including the Social Security Administration and the Immigration & Naturalization Service).

I fully give my consent to and understand the City of Brookville, Ohio and/or its agents, may be requesting information from public and private sources about any of the information noted above.

II. IF APPLICABLE, Medical and workers' compensation information will be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

IV. I hereby authorize, without reservation, any one contacted by the City of Brookville, Ohio and/or their agents, to furnish the information described in Section I above.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. **It is confidential and will not be used for any other purposes.**

Please print other names you have used

Social Security Number

Date of Birth

Home Address

City, State, and Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of or plead guilty to a crime? ☐ No ☐ Yes (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If yes, please explain:

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

The information you provide on this page will be used solely for recruitment and EEO purposes in compliance with State and Federal laws and guidelines.

Race, color, religion, creed, country of origin, ancestry, sex, age, physical disability, political affiliation, or other factors not pertinent to performance shall not be considered in recruitment, examination, appointment, training, promotion, retention, salary determination or other conditions or employment, except in cases where specific age, sex or physical requirements constitutes a 'bona fide occupational qualification.' Discrimination for any of the reasons stated above is, therefore, unlawful and constitutes the denial of civil rights and an affront to human dignity.

Position Applied for: _____ Date Applied: _____

Name: _____

PLEASE CHECK: Male _____ Female _____

A. White (non-Hispanic) _____

Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East

B. Black (non-Hispanic) _____

Persons of African descent, as well as those identified from Jamaica, Trinidad, and the West Indies.

C. Hispanic _____

Persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.

D. American Indian/Alaskan Native _____

Persons who identify themselves or are known as such by virtue of tribal association, and Eskimos, Aleuts, or Alaskan natives.

E. Asian/Pacific Islander _____

Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.

F. Handicapped _____

Individual with: a physical or mental impairment that substantially limits one or more major life activities, including the functions of caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; a record of physical or mental impairment, or being regarded as having a physical or mental impairment.

Recruitment Source: Please specifically describe how you became aware of an employment opportunity with the City of Brookville.

Thank you for your voluntary assistance in our recruitment and EEO compliance and tracking efforts.

Application Received By: _____

Date Received: _____

Pre-Employment Physical Date: _____ Results: _____

Test Administered: _____ Date: _____

Score: _____ Placement: _____ Pass/Fail: _____

Additional Assessment: _____ Date: _____

Score: _____ Placement: _____ Pass/Fail: _____

Notes: _____

Interview Date: _____

Interviewers: _____

Additional Notes: _____

