



Sterling Fire District



Employment Application

Applicant Information

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

Address: _____
Street Address Apt./P.O. Box/Unit #

City State Zip Code

Phone: _____ Email: _____

Social Security Number: _____ Ohio Driver's License Number: _____ Exp: _____

Are you currently able to legally drive? YES NO If no, please explain: _____

Interested Positions (FF, EMT, Both, etc.): _____

Are you a citizen of the United States? YES NO Are you authorized to work in the U.S. if not? YES NO

Have you applied with Sterling Fire District before? YES NO If so, when? _____

Have you been convicted of a felony? YES NO

If yes, please explain: _____

Have you been convicted of any other crimes, other than minor traffic offenses? YES NO

If yes, please explain: _____

Have you been charged with any crime that is currently pending in the court system? YES NO

If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ to _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ to _____ Did you graduate? YES NO

Other/Technical School: _____ Address: _____

From: _____ to _____ Did you graduate? YES NO Degree/Certification: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Are you related to or do you know anyone who is currently a member of the Sterling Fire District? YES NO

If yes, who? _____

Employment History

Please list your three most recent employment experiences.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact this employer for a reference? YES NO If no, why not? _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact this employer for a reference? YES NO If no, why not? _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact this employer for a reference? YES NO If no, why not? _____

Previous Fire Department History

Have you previously volunteered or previously been employed by a fire department? YES NO

If yes, please list the department(s) below. Please list your Ohio Division of EMS Certification #: _____

Fire Department: _____ Phone: _____

Address: _____ Supervisor: _____

Your Rank: _____ Salary: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact this fire department for a reference? YES NO If no, why not? _____

Fire Department: _____ Phone: _____

Address: _____ Supervisor: _____

Your Rank: _____ Salary: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact this fire department for a reference? YES NO If no, why not? _____

General Information

Do you have any physical, mental, or sensory limitations that would limit your ability to function as a first responder? YES NO

If yes, please explain: _____

Do you have any activities, commitments, or other responsibilities that may prevent you from meeting an acceptable amount of training attendance and call responses? YES NO

If yes, please explain: _____

Do you have any activities, commitments, or other responsibilities that may prevent you from enrolling and successfully passing firefighting or EMT courses? YES NO

If yes, please explain: _____

Military Service

Branch: _____ Dates Served: _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable discharge, please explain: _____

Affirmation and Understanding

Please read and initial the following statements indicating you understand and agree to the statements:

1. I understand that I will be required to take a pre-placement medical/physical examination as part of the application processes prior to being accepted as a probationary member of Sterling Fire District. This examination may include a drug and alcohol screening.

Initials: _____

2. I understand that I am expected to attend trainings, meetings, and meet other requirements as directed or assigned unless a conflict is pre-approved by the Fire Chief or his/her designee.

Initials: _____

3. I understand that initial Firefighter and/or EMS training is funded by Sterling Fire District. If I do not successfully complete training or fulfill responsibilities after completion, I will be required to reimburse Sterling Fire District for the cost of training, books, fees, medical/physical exams, and other related costs that were incurred during my application process. Additionally I understand that advanced training is an option provided I am a member in good standing and I have provided a minimum of two years of active service.

Initials: _____

4. I understand that I will be required to submit to a background check/investigation prior to any offer of employment or acceptance as a volunteer/paid per call member.

Initials: _____

5. I understand that emergencies happen 24/7/365 and that I am expected to respond to calls around the clock when available.

Initials: _____

Milton Township/Sterling Fire District is an Equal Opportunity Employer and fully adheres to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, membership, promotion without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

I swear and affirm all statements in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained within this application. I recognize that my acceptance as a member of Sterling Fire District will be jeopardized if I engage in substance abuse, illegal drug or alcohol use, or other illegal criminal activities. I also understand if accepted as a member of Sterling Fire District I must abide by all rules and regulations.

Signature of Applicant: _____ Date: _____