



# Tri-Township Joint Fire District

## EMPLOYMENT APPLICATION

1725 Bowtown Rd.,  
Delaware, OH 43015

PH: 740-369-2703  
EM: AStewart@TriTwp.org

### POSITION APPLYING FOR:

(e.g. Full-Time or Part-Time Firefighter/EMT) \_\_\_\_\_

## PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

STREET

CITY-STATE-ZIP

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

(OPTIONAL - For Background Check)

**ARE YOU A US CITIZEN AUTHORIZED TO WORK IN THE UNITED STATES?** YES NO

**DRIVER'S LICENSE NUMBER & STATE:** \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL DIPLOMA / GED:** YES NO

**SCHOOL NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **GRADUATION DATE:** \_\_\_\_\_

**COLLEGE/TRADE SCHOOL:** (if applicable) \_\_\_\_\_

**DEGREE/CERTIFICATION** \_\_\_\_\_ **MAJOR/FIELD** \_\_\_\_\_

### CERTIFICATIONS & TRAINING (Attach copies of all certificates)

**Firefighter I/II Certification:** YES NO **Date Issued:** \_\_\_\_\_

**EMS Certification:** YES NO **Level:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**CPR/AED Certification:** YES NO **Expiration:** \_\_\_\_\_

**Other:** (e.g. HazMat, Rescue Tech, EVOC)

## MILITARY SERVICE (if applicable)

**BRANCH:** \_\_\_\_\_

**DATES SERVED:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**RANK AT DISCHARGE:** \_\_\_\_\_ **TYPE OF DISCHARGE:** \_\_\_\_\_

**RELEVANT EXPERIENCE:**



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### EMPLOYMENT HISTORY

LAST NAME: \_\_\_\_\_

List Most Recent Employment First - Attach Resume If Available

#1 EMPLOYER NAME: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

SUPERVISOR NAME & PHONE: \_\_\_\_\_

#2 EMPLOYER NAME: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

SUPERVISOR NAME & PHONE: \_\_\_\_\_

#3 EMPLOYER NAME: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DUTIES & RESPONSIBILITIES:

REASON FOR LEAVING:

SUPERVISOR NAME & PHONE: \_\_\_\_\_



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## BACKGROUND INFORMATION

LAST NAME: \_\_\_\_\_

Answer Yes or No. Explain "Yes" answers in the space provided.

Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)?    YES    NO

If "Yes", please explain below:

Have you ever been terminated from employment for cause?    YES    NO

If "Yes", please explain below:

Do you have any pending criminal charges?    YES    NO

If "Yes", please explain below:

Have you ever used illegal drugs?    YES    NO

If "Yes", please explain below and include dates and circumstances:

## REFERENCES

Provide three (3) Professional/Personal References - No Relatives

REFERENCE #1

NAME

PHONE NUMBER:

REFERENCE #2

NAME

PHONE NUMBER:

REFERENCE #3

NAME

PHONE NUMBER:

## AUTHORIZATION & SIGNATURE

I certify that the information provided is true and complete to the best of my knowledge. I authorize Tri-Township Fire District to verify all information, including background checks, references, and medical exams. I understand that false information may result in disqualification or termination.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

INTERNAL USE ONLY

Date & Time  
Submitted: \_\_\_\_\_

Received By: \_\_\_\_\_