

BATH FIRE DEPARTMENT

Jim Paulett
Fire Chief

3864 West Bath Road
Akron, Ohio 44333
Business: 330-666-3738

APPLICATION FOR EMPLOYMENT

Name of Applicant _____

Position for which applicant has applied _____

Please read the minimum qualifications for employment, before filling out this application. You must meet the minimum and additional qualifications to be considered for employment as a public safety officer.

Please print in ink or type when filling out this application.

Any miss-statements, omission of information, or refusal to sign the release forms, will be grounds for disqualification for employment with the Bath Safety Forces.

Answer all questions. If a question needs no answer, please use N/A. If a question needs any additional explanation, please use a blank sheet of paper furnished at the end of this application.

All applicants will pass a physical examination by a physician designated by the Township of Bath. Applicants, upon employer's request, will also be subject to a polygraph examination with regard to information furnished on this application.

Please attach copies of diplomas, certificates and other documents that correspond with this application.

These applications, along with all documents that are submitted, become the property of the Bath Safety Forces. This application will be on file for two years from the date that it was submitted.

MINIMUM QUALIFICATIONS

High school graduate or equivalent	Ohio residency
No criminal record or repeat traffic offenses	Good overall physical condition
U.S. citizenship	Weight proportionate to height
Minimum 21 years of age.	

ADDITIONAL QUALIFICATIONS

Additional qualifications are subject to conditions of employment relative to job description or other applicable conditions of employment in force.

Dedicated to Community Service
Bath Fire Department is an Equal Opportunity Employer

Full Name / Last	First	Middle
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Current Address / Street Name and Number	City	State	Zip
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Home Phone Number	Business Phone Number
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Date of Birth	Place of Birth	Social security Number
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Driver's License Number	State	State of Residency
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Height / Weight	Glasses
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Starting with your present address, list all addresses where you have lived for the past ten (10) years.

Dates	Street address	City	County	State
From/To				

Father's Name	Date of birth	Occupation
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Father's Address	Phone Number
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Mother's Name	Date of Birth	Occupation
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Mother's Address	Phone Number
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Name(s) of sibling(s)	Date of Birth	Occupation
Address		Phone Number
Name	Date of birth	Occupation
Address		Phone Number
Name	Date of birth	Occupation
Address		Phone Number

Marital status:

Single _____ Married _____ Divorced _____

Spouse's Name	(Maiden Name)	Date of Birth
Address		Phone Number

Name and present address of spouse(s) if divorced or separated:

Name	Address	Phone Number
Name	Address	Phone Number

List full name of your spouse's immediate family:

Name	Relation	Address	Age

List all your children and dependents, including stepchildren and adopted children:

Name	Address	Date of Birth	Place of Birth
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EDUCATION RECORDS:

List all elementary schools, colleges and universities you have attended:

Name	Address/Zip	Years Completed	Diploma Received
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Major and minor courses of study: _____

Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? If yes, explain:

TRAINING:

List all fire service training:

Dates

From / To

Training Received

Location

Number of Hours

List any other training received:

Dates

From / To

Training Received

Location

Number of Hours

EMPLOYMENT HISTORY:

From

To

Name and Address of Employer

Phone Number

Supervisor(s)

Description of Duties

Reason for Leaving

From

To

Name and Address of Employer

Phone Number

Supervisor(s)

Description of Duties

Reason for Leaving

From	To	Name and Address of Employer	Phone Number
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Supervisor(s)

Description of Duties

Reason for Leaving

From	To	Name and Address of Employer	Phone Number
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Supervisor(s)

Description of Duties

Reason for Leaving

Do you have any objection to our contacting your employer(s) for reference?

Yes _____ No _____

ARREST HISTORY:

Have you ever been arrested, charged, or convicted for any reason by any civil police?
Do not include traffic violations.

Yes _____ No _____ If yes, please fill in below.

Date	Charge	Location (City, County, State)	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING HISTORY:

Have you held any driver's or chauffer's license in any other state(s) beside the State of Ohio?

Please list all driving citations or summons of which you have been convicted as an adult and as a juvenile, beginning with the most recent. (Give approximate dates and locations if you cannot remember exact ones.)

Date	Charge	Location (City, County, State)	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved in any traffic accidents within the last five years?
If yes, please explain.

REFERENCES:

Please list five (5) persons, other than relatives or past employers, who know you well enough to give current or past information about you.

Name

Address

Phone Number

Years Known

• • • • • • • • • •

Name

Address

Phone Number

Years Known

• • • • • • • • • •

Name

Address

Phone Number

Years Known

• • • • • • • • • •

REFERENCES: (Continued)

Name

Address

Phone Number Years Known

• • • • • • • • • •

Name

Address

Phone Number Years Known

• • • • • • • • • •

MEDICAL HISTORY:

Please answer all of the following questions:

YES _____ NO _____ Have you ever been or are you now being treated for diabetes?

YES _____ NO _____ Have you ever had "blackouts"?

YES _____ NO _____ Have you ever been unable to hold a job because of your inability to perform certain physical motions?

YES _____ NO _____ Have you ever been unable to hold a job because of your inability to assume certain physical positions?

YES _____ NO _____ Have you ever been refused employment due to your health or some physical defect?

YES _____ NO _____ Have you ever had any operations?

YES _____ NO _____ have you ever consulted or been treated by any physician, clinic, healer or other practitioners within the past five years?

YES _____ NO _____ Have you ever received, do you have pending, have you ever applied for, or do you intend to apply for pension or compensation for existing disability? (If so, specify what kind, by whom granted, what amount, when and why.)

YES _____ NO _____ Have you ever been forced to leave a job because of any illness or injury sustained on or off the job?

YES _____ NO _____ Have you ever been absent more than seven consecutive days from work, or school since sixteen years of age, due to illness or injury?

YES _____ NO _____ Have you ever filed for workman's Compensation because of any illness or injury sustained either on or off the job?

YES _____ NO _____ Have you ever been examined, hospitalized or placed in a sanatorium for any emotional, nervous or mental disorder?

YES _____ NO _____ Has any doctor ever found an ailment or defect concerning your physical or mental condition?

YES _____ NO _____ Have you ever lost consciousness due to fainting, sunstroke or other illness or injury?

YES _____ NO _____ Have you ever been treated or hospitalized for any broken bones, sprains, strains, or other illness or injury?

YES _____ NO _____ Do you now or have you ever used narcotics, marijuana, barbiturates, tranquilizers, etc?

YES _____ NO _____ Do you use alcohol? If so, state degree.
Occasionally _____ Moderately _____ Excessively _____

YES _____ NO _____ Are you allergic to any medicine? If yes, explain fully what kinds.

YES _____ NO _____ Do you have any allergies?

YES _____ NO _____ Do you suffer from hay fever?

ADDITIONAL:

Please answer all the following questions.

YES _____ NO _____ Have you, your spouse or ex-spouse(s) ever been a party to a small claims or any other court action?

YES _____ NO _____ Have you, your spouse or ex-spouse(s) ever had your wages attached?

YES _____ NO _____ Do you, or your spouse, or ex-spouse(s) have any immediate civil action pending against you?

YES _____ NO _____ Have you ever been refused credit?

YES _____ NO _____ Have you ever had any of your property repossessed?

YES _____ NO _____ Have you, your spouse or ex-spouse(s) ever filed for bankruptcy?

YES _____ NO _____ Have you ever been bonded?

YES _____ NO _____ Have you ever had a bond refused?

YES _____ NO _____ Have you ever been discharged or asked to resign from a job?
If yes, explain:

BATH FIRE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby permit any authorized representative of the Bath Police Department bearing this release or copy thereof, within two years of its date, to obtain any information you have concerning my moral, mental, and physical suitability for the position of Police Officer, Fire Officer, Public Safety Dispatcher, or Public Safety Employee.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. This release is executed with full knowledge and understanding that the information is for the official use of the Bath Police Department. Consent is granted to the Bath Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I certify that the statements contained are true to the best of my knowledge, and I understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

SIGNATURE _____

TYPED OR PRINTED NAME _____

DATE _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL PHONE _____

WITNESS _____

BATH FIRE DEPARTMENT

3864 WEST BATH ROAD

AKRON, OHIO 44333

330-666-3738

DISCLOSURE FORM – PLEASE PRINT

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience, alone with reasons for termination of past employment from previous employers. I have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends, or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

Print Full Name _____

Social security Number _____ DOB* _____

City, State, Zip _____

Driver's License _____ State _____

Applicant's Signature _____

Prospective Employer: Bath Fire Department

* Date of Birth is being requested in order to obtain accurate retrieval of records.