BATH FIRE DEPARTMENT

John Rodriguez
Fire Chief

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

APPLICATION FOR EMPLOYMENT

Name of Applicant _____

Position for which applicant has applied _____ Full Time_____ Part Time_____

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.

All applications will pass a physical examination by a physician designated by the Township of Bath. Applicants will also be subject to a polygraph examination, psychological assessment and background check.

Please attach a copy of your driver license, diplomas, certificates and any documents that correspond with this application.

This application along with all documents that are submitted, become the property of the Bath Safety Forces. This application will be on file for one year from the date that it is submitted.

MINIMUM QUALIFICATIONS

-High school graduate or equivalent
-No criminal record or repeat traffic offences
-U.S. citizenship
-Minimum 18 years of age with a maximum 35 years of age if applying for Full time.
-Ohio Residency
-Good overall physical condition
-Firefighter II/State of Ohio Paramedic**
**Consideration given to those currently in Paramedic School

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

Current Address City State Zip

Email Home Phone Cell Phone

Date of Birth Place of Birth Social Security Number

Driver License Number State Height/Weight

Starting with your present address, list all addresses where you have lived for the past ten (10) years.

Dates From/to	Street Address	City	County	State

Father's Name Date of Birth Occupation

Father's Address Phone Number

Mother's Name Date of Birth Occupation

Mother's Address Phone Number

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

Education Records:

List all schools, colleges and universities you have attended:

Name Address Years completed Diploma Received

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

Supervisor(s)

Description of Duties

Reason for Leaving

From	To	Name and Address of Employer	Phone

Supervisor(s)

Description of Duties

Reason for Leaving

From To Name and Address of Employer Phone

Supervisor(s)

Description of Duties

Reason for Leaving

From To Name and Address of Employer Phone

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.
(Conviction or arrest will not necessarily disqualify an applicant from employment)

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) besides 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 with 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_____ Do you have corrected vision?

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, form 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