



St. Clair Township Fire Department
3900 Trenton Rd.
Hamilton, Ohio 45011
(513) 867-0066

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Are you over 18?: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

If yes, explain: _____

Do you have any physical conditions which would restrict you from participating in firefighting or rescue activities? YES NO

If yes, explain: _____

Are you currently under treatment by a physician? YES NO

If yes, explain: _____

Do you have any prior experience or training in firefighting or rescue operations? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Signature

I certify that my answers are true and complete to the best of my knowledge. I am willing to undergo a physical and/or mental examination conducted by a physician and/or medical professional designated by St. Clair Township. I also agree to release the results of that examination to the officers of the St. Clair Township Fire Department in consideration of my employability and fitness for duty.

Signature: _____ Date: _____

Driver's License #: _____ State of Issue: _____ Country of Residence: _____

Date of Birth (for ID purposes only) _____ Social Security #: _____

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor?
(misdemeanors include OVI or DUI) If you answer yes, please answer the following. YES NO

Conviction Conviction Type Conviction Date (mm/dd/yy)

County City State

Conviction description: details of all offenses including nature, circumstances, and dates. Attach additional sheets if necessary. A conviction will not necessarily be a bar to employment.

**Aliases /
Other Name**

First Middle Last

Does applicant have a maiden name? YES NO Maiden name: _____

Previous Addresses

Please provide addresses of residences for the past seven years, including street address, city state, zip code, country (if not the US) and dates of residence for each address.

Signature: _____ Date: _____