

St. Clair Township Fire Department

3900 Trenton Rd. Hamilton, Ohio 45011 (513) 867-0066

Employment Application

		App	olicant	: Information				
Full Name:						Date:		
	Last	First			M.I.			
Address:								
	Street Address					Apa	artment/Unit :	#
	City				State	ZIP	^o Code	
Phone:				Email				
Date Availab	le:				Are you o	ver 18?:		
Position App	lied for:							
Are you a citi	izen of the United States?	YES	NO	If no, are you au	thorized to v	vork in the l	YES J.S.? 🔲	NO
Have you ev	er worked for this company?	YES	NO	If yes, when?				
If yes, explai	n:							
Do you have activities?	any physical conditions which wou	ld restrict	you fro	m participating in firefigl	nting or resc	ıe	YES	NO
If yes, explain	n:							
Are you curre	ently under treatment by a physicial	n?					YES	NO
If yes, explain	n:							
Do you have	any prior experience or training in	firefightin	g or res	cue operations?			YES	NO
If yes, explain	n:							

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:	
		Refere	nces			
Please list three pro	ofessional references					
Full Name:					Relationship:_	
Company:					Phone:	
Address:						
Full Name:					Relationship:	
Company:					Phone:	
Address:						
Full Name:					Relationship:	
Company:						
Address:						
		Military S	Servic	е		
Branch:					From:	To:
Rank at Discharge:			Тур	oe of Disc	charge:	
If other than honoral	ole explain:					

	Previous	Employme	nt			
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary:			Ending Salary:\$		
Responsibilities:						
From:	To:	To: Reason for Leaving:				
May we contact you	ur previous supervisor for a reference?	YES	NO			
Company:				Phone: Supervisor:		
	Starting	g Salary: \$		Ending Salary:\$		
Responsibilities:				, <u>, , , , , , , , , , , , , , , , , , </u>		
From:	To:					
May we contact you	ur previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary: \$ Ending Salary: \$			Ending Salary: <u>\$</u>		
Responsibilities:						
From:	To:	Reason	for Leaving:			
May we contact yo	ur previous supervisor for a reference?	YES	NO			
Signature						
examination cond	nswers are true and complete to the best of ucted by a physician and/or medical profess examination to the officers of the St. Clair T	sional designa	ated by St. 0	Clair Township. I also agree to release		
Signature:				Date:		

Disclosure, Authorization, and Release

SECTION 1: DISCLOSURE

This form, which you should read carefully, has been provided to you because The St. Clair Township Fire Department may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. The St. Clair Township Fire Department will use any such report(s) solely for employment-related purposes.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to The St. Clair Township Fire Department. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, Workers' Compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions, or other acquaintances.

If you are denied employment as a result of information obtained from your background check, The St. Clair Township Fire Department will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Consumer Financial Protection Bureau entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

SECTION 2: AUTHORIZATION AND RELEASE

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to The St. Clair Township Fire Department in conjunction with my job application. I also authorize disclosure to The St. Clair Township Fire Department and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history and all other information The St. Clair Township Fire Department deems pertinent by any individual, corporation or other private or public entity, including, without limitation, the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and The St. Clair Township Fire Department, its officers, directors, and employees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, investigations, verifications and/or the use of any information relevant to my employment.

I understand that if The St. Clair Township Fire Department hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to St. Clair Township Fire Department. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Background Check Disclosure, Authorization and Release form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by The St. Clair Township Fire Department.

I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

SECTION 3: APPLICANT INFORMATION

Full Name:				
	First	Middle	Last	
Address:				
7 1001 0001	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email		

Driver's License #:	State of Issue:	Country of Residence:				
Date of Birth (for ID purposes only)	of Birth (for ID purposes only) Social Security #:					
Have you ever been convicted of or ent (misdemeanors include OVI or DUI) If y		o contest to any felony or misdemeanor? YES NO Inswer the following.				
Conviction	Conviction Ty	ype Conviction Date (mm/dd/yy)				
County	City	State				
Conviction description: details of all o necessary. A conviction will not nece		, circumstances, and dates. Attach additional sheets if oyment.				
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:				