Phillipsburg Fire Department

Return completed application to:

16 E. Poplar Street, P.O. Box 457

Phillipsburg, OH 45354

or **(email)** ***firechief@phillipsburgoh.gov***

Please read this section before completing this application:

This application is to be completed in its entirety and providing false or incomplete information will result in the removal of this application from the process. Phillipsburg Fire Department is firmly committed to a policy of Equal Opportunity Employment and does not discriminate against applicants based on race, color, religion, age, national origin, sex, marital or veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status.

Employment Application

Position Applying For: (Circle One)

FIRE EMS BOTH

Shift Type: (Circle One)

SHIFTED PICK-UP VOLUNTEER

Name: _____

(First) (Middle Initial) (Last)

Address: _____

(Street) (Apt./PO Box)

_____

(City) (State) (Zip)

Phone Number: _____ **Date of Birth:**_____

(Including Area Code)

Email_____

Social Security Number:_____

Education: _____ **Graduated?** (Circle One) **Yes No**_____

(High School) (Year)

_____ **Graduated?** (Circle One) **Yes No**_____

(College/Technical School) (Year)

Ohio Fire/EMS Certificate #_____

NOTE: Please include copies of certificates when returning this application.

Past Residence: List only city and county for last (5) years. If more space is needed, please use back of page.

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Past Employment: Please list employment from the previous (5) years.

(Company Title, Location- City/State, Job Title, Length of Time Employed, and Reason for Leaving.)

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Are you currently a member of any other Fire/EMS/Police Departments? (Circle One)

If yes, please list: **Yes** **No**

_____

_____

References: Please list (3) references, including their Name, Relationship to you, and Phone Number.

_____

_____

_____

Personal Release of Information: Please read the below statements thoroughly before signing this application.

I certify that all the information submitted by me on this application and its attachments is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated based on such misrepresentation. Unless specifically noted otherwise, I hereby authorize the Village of Phillipsburg to make inquiry of any person or organization name in this application for the purpose of verifying the information provided and release any such person providing the Village of Phillipsburg from any liability arising out of the provision of such information.

I understand that the Village of Phillipsburg may choose to perform pre-employment record checks, including but not limited to, criminal records, driving record checks, credit record checks and employment or education record checks. Additionally, I understand that as a condition of employment, the Village of Phillipsburg reserves the right to perform these record checks on a continuing basis, I hereby authorize such record check and release any such person providing information to the Village of Phillipsburg from any liability arising out of the provision of such information.

I understand that, if I am offered a position with the Village of Phillipsburg, I will be required to complete a pre-employment drug/alcohol test, at the expense of the Village of Phillipsburg, at a place designated by the Village of Phillipsburg, as well as any other screening procedures determined to be necessary and appropriate for the position. I hereby authorize the testing/screening to be conducted for the Village of Phillipsburg, and I hereby release the Village of Phillipsburg and the physician(s) and/or medical facilities performing these screenings/tests, for all liability arising out of the administration of the screenings/tests and for any and all actions arising out of the results.

I understand that, unless the terms of employment are otherwise limited by civil service or a collective bargaining agreement, my employment can be terminated, with or without cause, and with or without notice at any time, at either my option or the Village of Phillipsburg's option.

_____ _____

Applicant's Signature Date

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(First) (Middle Initial) (Last)

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(Street) (Apt./PO Box)

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(City) (State) (Zip)

Phone Number: _____ **Date of Birth:**_____

(Including Area Code)

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Social Security Number:_____

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(High School) (Year)

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Applicant's Signature Date