



DEPARTMENT HEADQUARTERS • FIRE STATION #4
 8210 W. SYLVANIA AVE. • SYLVANIA, OHIO 43560-9646
 PHONE 419-882-7676 • FAX 419-885-1733
 WWW.SYLVANIATOWNSHIP.COM/FIRE_HOME.ASPX

SYLVANIA FIRE - EMS

WORKING SMOKE DETECTORS SAVE LIVES!

Sylvania Township is committed to a policy of equal employment opportunity for all individuals and will provide equal employment opportunity while fully complying with all applicable federal, state and local laws, rules and regulations prohibiting discrimination, including but not limited to, on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, gender expression, genetic information, religion, age, disability, veteran status, military status and any other considerations protected by federal, state or local laws.

Applications lacking sufficient information will not be processed. Please be sure to complete the entire application. Also note that, once submitted to a government agency, this completed form will be subject to all applicable public records laws.

Applicants must be current State of Ohio Paramedic certified or current National Registry Paramedic certified in order to be considered for full-time Firefighter/Paramedic positions.

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.	Date:
Street Address:			Apt/Unit #
City:	State:	Zip:	
Phone:	E-Mail Address:		
Alternate Phone:	Social Security #:		
Driver's License State:	Driver's License #:	Expiration Date:	
Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a State of Ohio or National Registry Certified Paramedic? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have NFPA based firefighter certification? Yes <input type="checkbox"/> No <input type="checkbox"/>			
At what level? Volunteer <input type="checkbox"/> Firefighter I <input type="checkbox"/> Firefighter II <input type="checkbox"/>			
Do you currently use any form of tobacco products? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a high school diploma or a General Education Development (GED) certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please supply an accurate full-time and part-time employment record, starting with your present or most recent employer.

PREVIOUS EMPLOYMENT			
Employer		Phone:	
Address:		Supervisor:	
Job Title:	Hours Worked Per Week:	Ending Rate Of Pay:	
Responsibilities:			
Employed From	To	Reason for Leaving:	
May we contact your current/previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer		Phone:	
Address:		Supervisor:	
Job Title:	Hours Worked Per Week:	Ending Rate Of Pay:	
Responsibilities:			
Employed From	To	Reason for Leaving:	
May we contact your current/previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer		Phone:	
Address:		Supervisor:	
Job Title:	Hours Worked Per Week:	Ending Rate Of Pay:	
Responsibilities:			
Employed From	To	Reason for Leaving:	
May we contact your current/previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer		Phone:	
Address:		Supervisor:	
Job Title:	Hours Worked Per Week:	Ending Rate Of Pay:	
Responsibilities:			
Employed From	To	Reason for Leaving:	
May we contact your current/previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you need additional space, please attach extra sheets to this application.

WORK CONDUCT	
Have you ever been subject to disciplinary action or been investigated by an employer or professional organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide the following information for each occurrence:	
Reason for Discipline/Investigation:	
Date(s) of Occurrence:	
Supervisor's Name/Title/Phone No.:	
Name of Organization:	
Final Resolution or Determination:	

If needed, please attach additional sheets to this application.

MILITARY SERVICE	
Branch:	Served From _____ To _____
Rank at Discharge:	Type of Discharge:
It other than honorable, explain:	

CERTIFICATES & LICENSES	
Type:	Expiration Date:
License/Certification #:	Issuing Agency:
Type:	Expiration Date:
License/Certification #:	Issuing Agency:
Type:	Expiration Date:
License/Certification #:	Issuing Agency:
Type:	Expiration Date:
License/Certification #:	Issuing Agency:
Type:	Expiration Date:
License/Certification #:	Issuing Agency:
Type:	Expiration Date:
License/Certification #:	Issuing Agency:
Type:	Expiration Date:
License/Certification #:	Issuing Agency:

Please list three persons who have knowledge of your experience and qualifications, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives.

REFERENCES	
Full Name:	Relationship:
Address:	Phone:
Years Acquainted:	
Full Name:	Relationship:
Address:	Phone:
Years Acquainted:	
Full Name:	Relationship:
Address:	Phone:
Years Acquainted:	
SPECIAL ACCOMPLISHMENTS OR ANY ADDITIONAL INFORMATION YOU WISH TO BE CONSIDERED	

DISCLAIMER & SIGNATURE

1. I certify that my answers given herein are true and complete to the best of my knowledge. I understand that failure to complete this application accurately and, in its entirety, may be cause for Sylvania Fire-EMS to disqualify my application.
2. In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge. I also understand that I am required to abide by all of the rules and regulations of the employer.
3. I agree and understand that any employment offer is conditional upon the results of a post-offer medical examination, which includes psychological, drug, alcohol and nicotine tests.
4. **I understand, acknowledge and hereby consent to each of the above statements and conditions.**

(Signature of Applicant)

(Date)

(Printed Name of Applicant)

(Social Security Number)