



# APPLICATION FOR EMPLOYMENT

MIAMI TOWNSHIP  
HAMILTON COUNTY  
3780 SHADY LANE  
NORTH BEND, OHIO 45052



## AN EQUAL OPPORTUNITY EMPLOYER

Applicants for all positions are considered without regard to religion, race, color, national origin, age, gender, height, weight, disability, marital or veteran status or any other legally protected status.

PLEASE PRINT

POSITION APPLIED FOR:		DATE OF APPLICATION:	
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL NUMBER	
EMAIL ADDRESS		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE PHOTOCOPY <u>MUST</u> BE ATTACHED	STATE	NUMBER	EXP. DATE

Are you legally eligible for employment in this country?

YES  NO

Have you ever filed an application with Miami Township before?

YES  NO If yes, give date \_\_\_\_\_

Do you have any relatives who are presently (or have formerly been) employed by Miami Township?

YES  NO If yes, list name and relation \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?

YES  NO If yes, give location and date \_\_\_\_\_

Date available to begin work \_\_\_\_\_

## EMPLOYMENT HISTORY

EMPLOYER	JOB TITLE
ADDRESS	SUPERVISOR
TELEPHONE NUMBER	DATES EMPLOYED
HOURLY RATE/SALARY	REASON FOR LEAVING
WORK PERFORMED	

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WORK PERFORMED	

Have you ever been dismissed or asked to resign from any employment position?

YES  NO If yes, please explain \_\_\_\_\_

List employers you do not want us to contact and reason \_\_\_\_\_

### EDUCATION BACKGROUND

TYPE OF SCHOOL	NAME OF SCHOOL	GRADUATED (YES/NO?)	CERTIFICATE OR DEGREE?	FIELD OF STUDY
HIGH SCHOOL/GED				
COLLEGE OR TECH SCHOOL				
COLLEGE OR TECH SCHOOL				
COLLEGE OR TECH SCHOOL				
COLLEGE OR TECH SCHOOL				

Complete this page ONLY if applying for the Fire Department.

## EMS CERTIFICATION

<input type="checkbox"/> In school for _____	EMT <input type="checkbox"/>	ADVANCED EMT <input type="checkbox"/>	PARAMEDIC <input type="checkbox"/>
State _____	Certification # _____	Expiration Date _____	_____
Date Certified _____	Number of Years Practicing _____	_____	_____
<input type="checkbox"/> EMS INSTRUCTOR	State _____	_____	_____

## FIREFIGHTING TRAINING

OHIO FIREFIGHTER CERTIFICATION			
<input type="checkbox"/> In school for _____	FIREFIGHTER I <input type="checkbox"/>	FIREFIGHTER 2 <input type="checkbox"/>	
Date Certified _____	Number of Years Experience _____	_____	_____
NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): <input type="checkbox"/> None			
<input type="checkbox"/> NIMS-ICS 100/700	<input type="checkbox"/> NIMS-ICS 800	<input type="checkbox"/> NIMS-ICS 200	<input type="checkbox"/> NIMS-ICS 300 <input type="checkbox"/> NIMS-ICS 400
NFPA 472 HAZARDOUS MATERIALS CERTIFICATION: <input type="checkbox"/> Not Current			
<input type="checkbox"/> Operations	<input type="checkbox"/> Technician	Date of last Refresher _____	_____
NFPA 1006 TECHNICAL RESCUE CERTIFICATION: <input type="checkbox"/> None			
ROPE RESCUE	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations	<input type="checkbox"/> Technician
CONFINED SPACE RESCUE	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations	<input type="checkbox"/> Technician
WATER RESCUE	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations	<input type="checkbox"/> Technician
TRENCH RESCUE	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations	<input type="checkbox"/> Technician
STRUCTURAL COLLAPSE	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations	<input type="checkbox"/> Technician
<input type="checkbox"/> STATE CERTIFIED FIRE SERVICE INSTRUCTOR	State _____	_____	_____
NFPA 1021 FIRE OFFICER LEVEL: <input type="checkbox"/> None			
<input type="checkbox"/> FIRE OFFICER I	<input type="checkbox"/> FIRE OFFICER II	<input type="checkbox"/> FIRE OFFICER III	<input type="checkbox"/> FIRE OFFICER IV
VOLUNTEER FIREFIGHTER EXPERIENCE: <input type="checkbox"/> None			
Department _____	Dates _____	_____	_____

## MILITARY SERVICE

Have you ever served in the U.S. Armed Forces?      YES       NO

Branch: \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Are in the reserves? \_\_\_\_\_

List any special training related to the Fire/EMS Service.

### PERSONAL REFERENCES

NAME	ADDRESS	CITY/STATE	TELEPHONE

### PROFESSIONAL REFERENCES

NAME	BUSINESS	ADDRESS	CITY/STATE	TELEPHONE

### MISCELLANEOUS

Summarize any special job-related skills and qualifications acquired from employment or other experience?

List any languages you speak fluently.

List any names, nicknames or aliases previously or currently used?

### APPLICANT STATEMENT

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I hereby certify that all responses set forth during my employment application process are true and complete. My signature authorizes Miami Township, Hamilton County, Ohio ("Miami Township") or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, criminal background check and educational background. I hereby authorize all persons, companies or their entities connected with any such information request, including without limitation prior employers and law enforcement agencies, to provide any and all information and/or records they may have regarding me or my employment. I release and agree to indemnify Miami Township, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such an investigation including, without limitation, any liability for furnishing information or for taking any action based on the information provided.
- B. I understand and agree that any falsification, misrepresentation, or omission, either on the employment application from or in my responses to questions asked during the interviewing or application process, may disqualify me from further consideration from employment, or if employed by Miami Township, will subject me to immediate discharge whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application it is because there is no information within its scope.
- C. I understand that Miami Township has a policy against the possession, use, sale or transfer of illegal drugs or controlled substances by its employment applicants and employees whether on-duty or off-duty. I understand Miami Township has a policy to maintain a workplace free from alcohol and its effects. These policies apply to all employees and employment applicants while on the job and to situations where an employee's off-the-job or off-premises conduct impairs work performance or undermines public confidence in or harms the reputation of Miami Township.
- D. I further understand that Miami Township is committed to a drug free workplace and has adopted a drug and alcohol testing program as one method of implementing this policy. I hereby consent to the taking of hair, urine, blood or breath samples by Miami Township or its agents for the purposes of the above drug and alcohol testing program and to the testing of samples by a laboratory designated by Miami Township. I release and discharge Miami Township and its officers and agents from any claim, damage, or liability relating to the testing process and procedures, including the sample gathering, the analysis, and disclosure of the results, or any decisions or action taken based upon the results.
- E. I hereby further consent to the release or any test reports on such samples or other related information from the laboratory to Miami Township and to the use of all such reports or other information by Miami Township in its assessment of my employment application and/or employment status.
- F. If I should refuse to cooperate in the testing process or procedures, or should the test results be positive, my application for employment will be justifiably rejected. Furthermore, if employed, I understand that Miami Township requires as a condition of continued employment that its employees comply and fully cooperate with its drug and alcohol policy.
- G. I give my consent, if reasonable suspicion exists, to physical searches of myself, my lunch box, car, locker, desk, any package or purse in or on Miami Township property, whether or not such items are locked.
- H. I understand and agree that if I am employed by Miami Township, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, Miami Township may terminate my employment at any time, with or without notice, and for any or no reason. I also understand and agree that nothing contained in Miami Township's employment application or in granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or is intended to constitute or create a contract or promise between me and Miami Township for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that Miami Township may modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Miami Township unless they are expressed promises, made in writing, and signed by an authorized representative of Miami Township.
- I. I understand that all offers of employment may be conditional upon medical, psychological, occupational, and physical ability examination and testing. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

My signature certifies that I have read and agree with the above statement and all statements contained in the application for employment.

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Applicant's Signature

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Date

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Applicant's Name (Print)

## **FAIR CREDIT REPORTING ACT DISCLOSURE FORM**

Certain amendments to the Fair Credit Reporting Act, effective September 30, 1997, impose upon Employers certain disclosure obligations when it is contemplated that certain consumer reports will be utilized. Therefore, in accordance with the Fair Credit Reporting Act, you are hereby advised of the following:

1. You are hereby advised that a Consumer Report or an Investigative Consumer report may be requested from a Consumer Reporting Agency about you. An investigative Report may include information about your character, general reputation, personal characteristics and mode of living.
2. If an Investigative Consumer Report is requested, you have the right to obtain a complete and accurate statement of the nature and scope of the investigation and to be generally advised of your consumer rights under the Fair Credit Reporting Act.
3. If adverse action is contemplated based upon a Consumer Report or Investigative Consumer report, you will be provided additional notices and information.

## **FAIR CREDIT REPORTING ACT ACKNOWLEDGMENT AND AUTHORIZATION**

I hereby authorize Miami Township, Hamilton County, Ohio or its authorized agents, to conduct a thorough investigation of me during the course of the employment application process including, without limitation, information concerning my prior employment positions, criminal background check, educational background, and personal history. This authorization specifically includes Consumer Reports and Investigative Consumer reports.

I hereby acknowledge receipt of a Fair Credit Reporting Act Disclosure Form which has fully advised me of my rights under the Fair Credit Reporting Act.

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Applicant Signature

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Date



PUBLIC EMPLOYMENT
In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields for LAST NAME, FIRST NAME, MIDDLE INITIAL, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, and WORK PHONE.

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE