



City of Wauseon – Fire Department

230 Clinton Street, Wauseon, Ohio 43567 / Phone: (419) 335-7831 Fax: (419) 335-3866

APPLICATION FOR EMPLOYMENT

NAME:

PERSONAL DATA

PLEASE COMPLETE IN INK.

A. Name: Last: _____ First: _____ Middle: _____

B. Address: Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

C. Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____ License # _____ Expiration: _____

D. How did you learn of the position? Newspaper Jobsline Internet

Other (Please Specify) _____

E. Have you ever applied with the City of Wauseon before? Yes No

If yes, when? _____ What position? _____

F. Have you ever worked for the City of Wauseon before? Yes No

If yes, when? _____ What position? _____

G. Do you have any relative(s) employed by the City of Wauseon? Yes No

If yes, give: Name: _____ Relation: _____ Department: _____

H. Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No

If yes, provide: Charge: _____ Place: _____

Date: _____ Disposition: _____

I. Are there any charges/indictments now pending against you? * Yes No

If yes, explain: _____

*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

J. Do you have a valid driver's license? Yes No

K. Do you have a valid commercial driver's license? Yes No

L. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, provide details: _____

M. Has your license, permit or privilege ever been suspended or revoked? Yes No

If yes, provide details: _____

POSITION:

DATE:

EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	N/A
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL				<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT DATA

A. Position applying for: Firefighter EMT Other: _____

B. Minimum Acceptable Salary: \$ _____

C. Would you accept: Paid on Call: Yes No
Part Time: Yes No
Temporary Yes No

D. Please indicate days available for work:
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

E. Do you have transportation to and from the fire station? Yes No

F. What hours are you available for work? From: _____ To: _____

G. Can you respond to calls at night? Yes No Will you work shifts? Yes No

H. Have you ever been denied bonding? Yes No If Yes, give details: _____

I. List any professional licenses you hold that are applicable to position applied for:
Type: _____ License No: _____ Expiration Date: _____

J. Skills: Typing: Yes No WPM: _____
Transcription: Yes No
Computer: Yes No Software: _____ How Long: _____

K. Please list any other pertinent experience, skills, training or volunteer experience that you have which are related to the position for which you are applying:

L. Date you are available to start: _____

EMPLOYMENT HISTORY

A. Are you presently employed? Yes No May we contact you at work? Yes No

B. Have you ever been discharged or forced to resign from any position? Yes No

If yes, please explain: _____

C. INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. IT IS IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. **A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION.** However, a resume may be attached upon full completion of this application.
4. Start with the most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application.

(1) (Current or most recent position)
Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name:

Description of specific duties

Reason for leaving: _____

(2) (Current or most recent position)
Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name:

Description of specific duties

Reason for leaving: _____

(3) (Current or most recent position)
Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name:

Description of specific duties

Reason for leaving: _____

(4) (Current or most recent position)
Employer's Name: _____
City: _____ State: _____
Telephone Number: (____) _____ Ext: _____
Position Title: _____
May we contact? Yes No
Supervisor's Name: _____
Dates employed in this position:
Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____
Starting Salary: _____ Last Salary: _____
Name on employment records if different from present name:

Description of specific duties

Reason for leaving: _____

REFERENCES

List three (3) references. Do not include current or past employers, relatives or past/present employees of the City of Wauseon. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- The City of Wauseon is an **Equal Opportunity Employer** and as such will recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a *bona fide* occupational qualification.
- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in its being returned for completion, causing delay or possible disqualification.
- I understand and agree that acceptance of this application in no way obligates the City of Wauseon to employ me or that there are any positions available.
- As an applicant for employment with the City of Wauseon, I have furnished information for use in determining my qualifications for employment. I hereby authorize the City of Wauseon to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release the City of Wauseon, current and past employers and references named herein from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a urine drug screen if required for the position. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- I agree to have a physical examination (paid by the City) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- No supervisor or official is authorized to make an oral or written assurance or promise of continued employment.
- If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the village.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. (A list of acceptable documents is available through the Human Resources Department. However, the most commonly used ID is (1) a Passport or (2) a Social Security Card and Driver’s License.)
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by the City of Wauseon.
- My signature conveys that I have read, understand and agree to all the statements listed above.

Signature: _____

Date: _____

APPLICANT: Please complete this tab. (This tab is detached by the Human Resource Personnel.)

EEO REPORTING AND PERSONNEL RESEARCH

NOTE: The information requested in this section is not used to evaluate your application. This information is needed to satisfy Equal Employment Opportunity reporting and personnel research requirements.

<u>Last</u>	<u>First</u>	<u>Middle</u>
Name:		
Date of Birth:		NOTE: The 1972 Human Affairs Law prohibits discrimination based on age.
Race (check one):	White <input type="checkbox"/>	Black <input type="checkbox"/>
	Hispanic <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>
		American Indian or Alaskan Native <input type="checkbox"/>
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
POSITION APPLIED FOR:	Today's Date:	