



Stonelick Township / Stonelick Township Fire Department

PO Box 37 • Owensville, Ohio 45160
513-732-3299 • info@stonelicktwp.org



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Email: _____

Position applied for: _____ Are you legally eligible to work in the U.S.? Yes No
Available start date: _____ Employment desired: Full-time Part-time Volunteer

Are you over the age of 18? Yes No Do you have a valid driver's license? Yes No
Do you have any moving violations/at-fault accidents in the last 3 years? Yes No
Have you ever worked for this company? Yes No If yes, when? _____
Have you ever applied to this company? Yes No If yes, when? _____
Are you able to perform the essential functions of the position with or without accommodations? Yes No

Employment History – Most recent employer first.

Employer: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Start Pay: _____ End Pay: _____

Duties: _____

Reason for leaving: _____ May we contact employer? Yes No
=====

Employer: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Start Pay: _____ End Pay: _____

Duties: _____

Reason for leaving: _____ May we contact employer? Yes No
=====

Employer: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Start Pay: _____ End Pay: _____

Duties: _____

Reason for leaving: _____ May we contact employer? Yes No

=====

Education:

	Name	Course of Study	Graduate or Degree
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Describe any specialized training, apprenticeships, skills, and extra-curricular activities: _____

Describe any honors you have received: _____

List any additional information you feel may be helpful to us in considering your application: _____

Fire Applicants Only: FF1, FF2, EMT, Paramedic, BLS, ACLS, PALS, NIMS 100, NIMS 700, Fire Inspector
(Attach applicable certificates/certifications)

References:

Name & Title	Company	Phone/Email	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



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REFERENCE AND POLICE RECORDS AUTHORIZATION

I understand that as a result of making an application for employment, Stonelick Township, Clermont County, Ohio, its officers, agents, representatives, elected or appointed officials, or its duly authorized employees, may request, and I also authorize and request, each former employer and each person, firm, or corporation which I have given as a reference to furnish any information that may be sought by the Township concerning me and my work, my habits, character, or skill, and I hereby waive any privileges and release the Township and all referring entities from any liability involved in providing this information. I further authorize the Township, and its officers, agents, representatives, elected or appointed officials, and its duly authorized employees to make any lawful examination of my criminal record, and I release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information.

Applicant's Name: _____

Social Security No.: _____

Date: _____



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APPLICANT’S ACKNOWLEDGMENT OF STONELICK TOWNSHIP’S PRE-EMPLOYMENT TESTING POLICY, CONSENT TO TESTING, AND RELEASE OF INFORMATION AND LIABILITY

I, _____, acknowledge that I have seen and reviewed the Township’s Pre-Employment Testing Policy. I understand that pursuant to the policy I am required to submit a body fluid sample (such as of my urine, saliva, or blood) to a collection and laboratory facility, which the Township selects, for chemical analysis to determine whether illegal drugs are present in my system. I further understand that if my test result is positive, and/or if I refuse to abide by all sample collection and chain of custody procedures, the Township will reject my job application and/or withdraw any employment offer or initial employment already started. I further understand that any employment offer extended to me is subject to the Township’s final review and approval of my application and hiring even if I pass the test, and that this testing policy will not modify the employment-at-will status between me and the Township.

I hereby knowingly and voluntarily consent to the Township’s, the laboratory’s, and the collection facility’s (and their respective agents’) request for my body fluid sample for chemical analysis. I further authorize the laboratory or collection facility (and their agents) to release to the Township any information regarding the results of any such chemical analysis of my body fluid sample. In exchange for considering me for employment with the Township, I also release the Township, including any and all of its officers, directors, employees, elected or appointed officials, and representatives, from any and all claims, suits, administrative charges, causes of action, liability, damages, and/or attorney fees relating to or arising from (a) the submission of my body fluid sample for chemical analysis; (b) my refusal to submit a sample; (c) the release of any information to the Township which pertains to the collection, testing, or test results of my sample; and/or (d) the rejection of my application and/or termination of my employment (or removal from the job) based on a positive drug test result and/or my refusal to submit to testing.

If I am hired, I also understand that this acknowledgment, consent, and release will remain valid, binding, and useable throughout my employment with the Township, including whenever the Township may require that I submit to a drug and/or alcohol test as a condition of employment.

AGREES TO CONSENT AND RELEASE:

Applicant

Date

Original: Personnel File
cc: To Medical Facility



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**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. § 1681b(b)(2).**

I authorize the release of a consumer report for employment purposes to Stonelick Township, Clermont County, Ohio. I understand that inquiry may include, but is not limited to: my credit history, criminal arrest and conviction history, motor vehicle record, credit check, references, drug test results, and copies of prior personnel files. I also authorize the release of medical information as part of the consumer report for employment purposes.

A photocopy of this authorization shall be as effective as the original. This authorization will remain in force until I specifically revoke it in writing. Accordingly, checks may occur not only at hire, but at any time during employment.

Name of Authorizing Consumer
(Please Print)

Social Security Number

Signature of Authorizing Consumer

Date

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. § 1681b(b)(2).