



GREEN TOWNSHIP FIRE & EMS

Scott G. Souders, Fire & EMS Chief

6303 Harrison Avenue, Cincinnati, OH 45247

Phone: (513) 574-0474 Fax: (513) 574-8607

E-mail: fire@greentwp.org Website: www.greentwp.org

EMPLOYMENT APPLICATION 18-1

Green Township is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, disability, sexual orientation, or any other legally protected status or physical handicap, provided the physical handicap does not interfere with job performance.

PLEASE TYPE OR PRINT LEGIBLY IN INK

PERSONAL INFORMATION:

NAME _____
(Last) (First) (Middle)

CURRENT ADDRESS _____
(Street) (City) (State) (Zip)

PREVIOUS ADDRESS _____
(Street) (City) (State) (Zip)

PHONE NUMBERS _____
(Home) (Work) (Mobile)

E-MAIL ADDRESS _____ (Please be clear, we utilize email as primary communication method)

APPLICATION DATE: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH _____

PHYSICAL RECORD: Do you have any physical condition that may limit your ability to perform the job applied for without significant hazard? Yes No (If yes, please explain)

Are you employed now? Yes No - If yes, may we inquire of your present employer? Yes No

Have you ever applied to Green Township before? Yes No (If so, when?) _____

Do you have a valid Ohio Driver's License? Yes No - If yes, please provide license # _____

Do you have a valid Driver's License from another state? Yes No - If yes, license # and state _____

EDUCATION:

LEVEL	Name & Location of School	Years Attended	Did You Graduate?		Subjects Studied & Degree(s) Received
			YES	NO	
High School					
College					
Graduate School					

WORK EXPERIENCE: (Current and Previous)

Name of Company: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Dates of Employment: _____

Job Performed: _____

Reason for Leaving: _____

Brief Description of Duties: _____

Name of Company: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Dates of Employment: _____

Job Performed: _____

Reason for Leaving: _____

Brief Description of Duties: _____

Name of Company: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Dates of Employment: _____

Job Performed: _____

Reason for Leaving: _____

Brief Description of Duties: _____

REFERENCES: Please provide the names of three (non-related) individuals whom you have known at least three years.

Name	Address	Work/Home/Cell	How Acquainted	Years Acquainted

OTHER CERTIFICATIONS, SKILLS AND ABILITIES:

REMARKS: Use this space for any further information necessary to explain any items on this application, and/or to list other experiences that will be helpful in evaluating your application, such as unpaid job-related volunteer work, hobbies and/or vocations. (Attach an additional sheet if needed).



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EMPLOYEE APPLICATION ADDENDUM

Please complete and return this form along with a *copy* of the following applicable documents when returning the application.

- CPAT
- Current ACLS Certification
- Driver's License
- NIMS
- Ohio Firefighter Certification
- Ohio Paramedic Certification
- One (1) of the following: Social Security card, birth certificate or passport
- Specialty Certifications (Fire Service Inspector, Car Seat Technician)

Print Name: _____

Signature: _____ Date: _____