



# MADISON TOWNSHIP FIRE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

Position Applying for:  Firefighter  EMS  Both Circle one: Volunteer Part-Time

Full Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Circle Highest Level of Education: GED 9 10 11 12 13 14 15 16 Year Graduated from High School: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Check any of the following licenses or certifications that you currently hold:

- Firefighter 1  Firefighter 2  Haz Mat  GMVEMSC Protocol  Paramedic  E.M.T. Intermediate  
 E.M.T. Basic  Basic First Aid  Others not listed: \_\_\_\_\_

Do you possess a current and valid vehicle operator's license?  Yes  No

Have you ever had your operator's license revoked or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any physical, medical or mental health limitations that could prevent you from safely performing any fire or EMS task assigned to you?  Yes  No

If yes, please explain: \_\_\_\_\_

Emergency contact person on your behalf:

\_\_\_\_\_  
(Name) (Phone) (Address) (Relationship)

I understand that by applying for the Madison Township Fire Department, a full and complete background check may be conducted as prescribed by the Laws of the State of Ohio. By my signature below, I acknowledge that the information requested on this application has been truthful and given to the best of my ability. I further understand that if any portion of the information I have given is in fact proven to have been untruthful, that my application for employment will be discarded.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a copy of your current resume and any licenses and certifications you have when submitting this application.*