



7700 Perry Street
 Mt. Healthy, Ohio 45231
[www. mthealthy.org](http://www.mthealthy.org)

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, Veteran status or any other legally protected status.

PLEASE PRINT CLEARLY

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Walk-In		<input type="checkbox"/> City of Mt. Healthy Website
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Number(s)		Email Address		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with us before? yes no If yes, please provide date _____

Have you ever been employed with us before? yes no If yes, please provide date _____

Are you restricted on the hours and days you are available to work?
 yes no If yes, explain _____

Are you currently employed? yes no

May we contact your current employer? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* yes no

On what date would you be available to work? _____

Have you ever been convicted of a felony? yes no
Conviction will not necessarily disqualify an applicant from employment.

If yes, explain _____

EDUCATION

	Name and Location Of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
College				
Graduate School				
Other (specify)				

Describe any specialized training or skills that relate to the position applied for.

EMPLOYMENT HISTORY

Start with your current of most recent employer.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	
Reason for Leaving				

MILITARY SERVICE RECORD

Are you currently in the military? Yes No Active Reserve

Were you in the U.S. Armed Forces? Yes No Active Reserve

If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____ Type of discharge _____

State any additional information you think may be helpful to us in considering your application.

EMPLOYMENT REFERENCES

Name	Position or Title	Address	Phone Number

ACKNOWLEDGMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I understand I may be subject to passing a drug screening, physical examination and psychological evaluation.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Mt. Healthy.

I understand that I am applying for employment at will and that nothing in this application and no oral statements made to me in connection with this application can be construed as a contract of employment.

If I am submitting an application for an existing vacancy, I have been provided with a copy of the job description, read it and hereby certify that I can complete all essential functions of the job.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview yes no

Remarks: _____

Employed yes no Date of Employment _____ Hourly Rate/Salary _____

Job Title _____ Department _____

By _____
Name and Title

_____ *Date*

COMPLETE THE FOLLOWING IF YOU ARE APPLYING FOR THE FIRE DEPT.

CHECK BELOW THE CERTIFICATIONS THAT YOU CURRENTLY HAVE:

_____ FIREFIGHTER I	_____ EMT - BASIC
_____ FIREFIGHTER II	_____ EMT – INTERMEDIATE
_____ FIRE INSPECTOR	_____ EMT - PARAMEDIC
_____ ENGINEER	_____ CPR (HEALTH CARE PROVIDER)

AVAILABILITY

THE CITY OF MT. HEALTHY FIRE DEPT. REQUIRES THE APPLICANT TO BE AVAILABLE TO WORK A 12 HOUR SHIFT EVERY THIRD DAY OR NIGHT.

TIME AVAILABLE TO WORK: 0600 – 1800 1800 – 0600 UNIT DAY: _____

HAVE YOU APPLIED TO THIS DEPARTMENT IN THE PAST? YES NO

HAVE YOU EVER BEEN A MEMBER IN THE PAST? YES NO

IF YES, FROM: _____ TO _____

REASON FOR LEAVING: _____

ARE YOU CURRENTLY OR WERE YOU A MEMBER OF ANOTHER FIRE DEPARTMENT? YES NO IF YES, WHICH ONE? _____

FROM: _____ TO: _____ RANK: _____

REASON FOR LEAVING (if applicable): _____

APPLICATION PROCESS

The department is always accepting applications, but will only process them as personnel are needed. Upon completion of this application, it shall be forwarded to the membership committee for review. A member of this committee will be in contact with you to confirm receipt of your application. In the event that the department determines the need for more personnel, the membership committee will also provide you the information regarding the next step in the process.

All applications received will be retained for a period of one year from the date of receipt. Reapplying after the one year period is permitted and encouraged.
