



## Application of Employment

### PERRY TOWNSHIP FIRE DEPARTMENT

rader@perrytownshipfd.com

Website: perryallenohio.com

Phone 419-221-2345

Fax 419-221-2288

2408 E. Breese Rd.

Lima, OH 45806

---

Perry Township Fire Department of Allen County, Ohio

### Application of Employment

Perry Township Fire Department is an equal opportunity employer, committed to employing individuals without regard to race, color, age, sex, military status, religion, national origin, and disability or genetic information.

**Instructions:** Please print responses to all the questions contained on the entire application form.

Submit by: E-Mail [rader@perrytownshipfd.com](mailto:rader@perrytownshipfd.com)

**Drop off** at 2408 E Breese Rd. Lima Ohio 45806

**Mail:** Attention Chief Rader

2408 E Breese Rd. Lima, Ohio 45806



## Application of Employment

### Personal Information confidential when completed

**Last Name:**

**First Name:**

**Middle Int.**

**Address:**

**Telephone:**

**Cell phone:**

**E-Mail:**

**What position are you applying for?**

**Volunteer Fire Fighter**\_\_\_

**Part time (Minimum EMT-B** \_\_\_

**Fulltime Level two fire fighter EMT-P (Will consider less qualified candidates)** \_\_\_

**Other: Untrained candidate**\_\_\_

**What hours would you be available?**

**Weekdays**

**Weekends**

**Weeknights**

**Other?**

**Are you 18 of age?**

**Yes**\_\_\_

**No**\_\_\_

**Are you prevented from becoming lawfully employed in this Country because of Visa or Immigration status? Yes\_\_\_ No\_\_\_ (Proof of citizenship or immigration status is required by federal law upon employment.)**

**Are you a resident of Ohio?**

**Yes\_\_\_NO\_\_\_**

**Are you currently serving the U.S. Military? Yes\_\_\_NO\_\_\_ If yes what branch of service?**

**Are you a veteran of the U.S. Military service? Yes\_\_\_ No\_\_\_**

**If yes describe:**

**Do you possess a valid Driver's License? YES\_\_\_ NO\_\_\_ State Issuance**\_\_\_

**If no can you obtain a Driver's License Prior to employment? Yes\_\_\_ No\_\_\_**



## Application of Employment

**Is your State EMS or Fire certification currently suspended, or has been suspended?**

**Yes** \_\_\_\_ **No** \_\_\_\_

**If yes describe:**

**Have you ever been convicted of a felony or misdemeanor? Yes** \_\_\_\_ **No** \_\_\_\_

**If yes, describe.**

### Education and Training

**High School:**

**Technical, Trade. Business School:**

**College:**



## Application of Employment

### Last four years of residents (start with current)

**Street:**

**City:**

**County:**

**State:**

**Zip Code:**

**Street:**

**City:**

**County:**

**State:**

**Zip Code:**

**Street:**

**City:**

**County:**

**State:**

**Zip Code:**

**Street:**

**City:**

**County:**

**State:**

**Zip Code:**



## Application of Employment

### Employment Experience

List all employment history and work experience in date of order from current employer: (Use additional paper if necessary.)

Date Month and year from: \_\_\_\_ To \_\_\_\_

Name and address of employer:

Position:

Reason for leaving:

Date Month and year from: \_\_\_\_ To \_\_\_\_

Name and address of employer:

Position:

Reason for leaving:

Date Month and year from: \_\_\_\_ To \_\_\_\_

Name and address of employer:

Position:

Reason for leaving:



## Application of Employment

Do Not Write Below This Line

---

Hire: Yes\_\_\_ No\_\_\_

Position\_\_\_\_\_

Department: \_\_\_\_\_

Salary/Wage\_\_\_\_\_

Date reporting to work\_\_\_\_\_ Shift\_\_\_\_\_

Received by \_\_\_\_\_

Date\_\_\_\_\_

Update\_\_\_\_\_