



# Union Township Fire Rescue

285 East Pike Street • South Lebanon, Ohio 45065  
Office: 494-2566 Fax: 494-9055



Chief, Robert D. Napier

## Employment Process

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

1. Application obtained: Date: \_\_\_\_\_

2. Return completed application with the following: Date: \_\_\_\_\_

- Copy of Driver's License
- Background Check (WCSO local)
- Resume`

3. Interview with Department Officer Scheduled: \_\_\_\_\_

4. Agility Test Scheduled: \_\_\_\_\_

5. Physical (Bethesda Arrow Springs Occ. Med) Scheduled: \_\_\_\_\_

6. Results received from physical Date: \_\_\_\_\_

7. Position offered or denied Date: \_\_\_\_\_

8. Issue gear, paperwork (2 hours) Date: \_\_\_\_\_

- Begins with Chief
- New Hire form, Uniform Issue form, Orientation Packet
- I-9, Ohio W4, Federal W4, these go to Twp. Fiscal Officer with a copy of the New Hire sheet.
- Schedule orientation time. Packet must be completed within 30 days.
- Issue gear, locker and mailbox.

# Union Township Warren County

## Application for Employment

We consider applications for all positions without regard to race, color, religion, creed gender, nation origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### Please Print

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?

- Advertisement       Friend       Walk-in  
 Employment Agency       Relative       Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) Home \_\_\_\_\_ Cell \_\_\_\_\_

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 Union Township Before?

Yes       No

If Yes, Give Date \_\_\_\_\_

Have you ever been employed with Union Township before

Yes       No

If Yes, Give Date \_\_\_\_\_

Are you currently employed?

Yes       No

May we contact your present 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.*

Yes       No

On what date would you be available for work? \_\_\_\_\_

Are you able to work:  Full Time       Part Time       Shift Work       Temporary

Are you currently on "lay-off status" and subject to recall?

Yes       No

Have you ever been convicted of a felony?

Yes       No

*Convictions will not necessarily an applicant from employment.*

If yes, Please explain: \_\_\_\_\_

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

**If you need additional space, please continue on a separate sheet of paper.**

## List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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# Additional Information

## Other Qualifications/Licensure/Certification:

Summarize special job related skills and qualifications acquired from employment or other experience, also indicate any Licensure or certification(s) that you possess that may be applicable to the position for which you are applying.

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## Specialized Skills

Check Skills/Equipment Operated

CRT  PC  Calculator  Typewriter  Fax  Excel  PBX System  Microsoft Word

All other types of machinery/equipment:

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**State any additional information you feel may be helpful to us in considering your application**

**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING**

Are you capable of performing in a reasonable manner, without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES  NO

## References

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

# **Union Township Board of Trustees**

**AN EQUAL OPPORTUNITY EMPLOYER  
POST-JOB OFFER MEDICAL EXAMINATION AND PRE-EMPLOYMENT AND  
POST-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT FORM**

The APPLICANT understands and acknowledges that Union Township Trustees (Employer) reserves the right to require the applicant to submit to any requested medical and/or psychological examination(s) after a job offer has been made and prior to the applicant's first day of employment. The location such examination(s) will be performed by a licensed physical or medical practitioner of the Employer's choice. Furthermore, the applicant may be subjected to pre-employment tests for illegal drug use, alcohol abuse, or substance abuse. If the applicant fails any of the required pre-employment tests relating to drug, alcohol, or substance use or abuse, or is otherwise found to be physically incapable of performing the job for which he/she is applying, the application procedure will be terminated, and the applicant will NOT be employed.

In addition to drug testing PRIOR to employment, the Employer reserves the right to perform, and the applicant waives any right to object to, mandatory urinalysis to detect alcohol abuse, illegal drug abuse, or substance abuse, AFTER the applicant becomes employed by the Employer.

By signing this document the applicant consents to submit to the aforementioned tests and procedures if required, and agrees that he or she has no cause of action against the Employer arising from these issues. If the applicant refuses to consent to any of said tests and procedures, the Employer shall not accept or further process his or her application for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## **CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant notes on this application form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the County and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **EMERGENCY SERVICES APPLICANTS**

**Please read each paragraph carefully and initial where indicated if you agree.**

I understand and accept that the Employer provides seven days per week and twenty-four hours per day services, and therefore, if employed, I may be required to work evening shifts or night shifts, including week-ends.      **Initial** \_\_\_\_\_

I understand and accept that a high degree of integrity and confidentiality are required of the position applied for. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that employees of Union Township do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the Employer to investigate my background for any criminal or unlawful activity.      **Initial** \_\_\_\_\_

## AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following.

**NAME** \_\_\_\_\_

**TITLE OF JOB APPLIED FOR:** \_\_\_\_\_

**RACE:** (check one)

- White-origins in Europe, North Africa or Middle East
- Asian-origins in Far East, S.E. Asia, India or Pacific Islands
- Black-origins in Africa
- Hispanic-Mexican, Puerto Rican, Cuban, Central or South American
- American Indian-origins in North America, to include Alaska

**PHYSICAL CONDITION**

- No Disability
- Physically Disabled (No Facility Modification)
- Physically Disabled (Facility Modification)
- Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- Mentally Disabled (Learning Disabled)

**SEX**

- Male
- Female

**VETERANS/U.S. MILITARY STATUS**

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/5/64) TO (5/7/75)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

**ACTIVE NATIONAL GUARD OR RESERVIST** (check one)

- Yes
- No

**INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE**

**PRE-EMPLOYMENT SECURITY CHECK RELEASE FORM**

I authorize the Warren County Sheriff Office to do a pre-employment security background check. I understand that this check is a requirement for all pre-employment applicants. The information released will be used to satisfy requirement. If any criminal record is obtained from this security background check, I understand I will not be eligible for the position that I am applying for.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Department

\_\_\_\_\_  
Position