



Union Township Fire Department

285 E. Pike Street South Lebanon, Ohio 45065

Phone (513) 494-2566

www.utslfd.com

Fax (513) 494-9055



Chief Robert Napier

Employment Process

Name: _____

Phone # _____

1. Application obtained:

Date: _____

- BCI Background through WCSO, returned

Date: _____

2. Return completed application with the following:

Date: _____

- Copy of driver's license

- Copy of Social Security Card

3. Interview with Depart Officer

Scheduled: _____

4. Agility test

Scheduled: _____

5. Physical (Tri-Health Occ. Med)

Scheduled: _____

6. Position offered or denied

Date: _____

7. Issue gear, paperwork (2 hours)

Date: _____

- Begins with Chief
- New Hire form, Issued Gear form, Orientation Packet.
- I-9, Ohio W4, Federal W4, Direct Deposit
- Schedule orientation time. Packet must be completed within 30 days.

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

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

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.

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.

Specialized Skills

Check Skills/Equipment Operated

CRT PC Calculator Typewriter Fax Excel PBX System Microsoft Word

All other types of machinery/equipment:

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

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