



FIRE DEPARTMENT VILLAGE OF BUCKEYE LAKE

Keisha Amspaugh
FIRE CHIEF

Jeryne A. Peterson
MAYOR

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: Firefighter: Volunteer

Part-Time

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address			
City	State	ZIP	
Mobile Phone	Other Phone		
E-mail Address			
Date Available to Start			
Valid Ohio Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Check if license is a CDL? <input type="checkbox"/>
Do you have an insurable driving record	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, attach separate explanation
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Village of Buckeye Lake in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do any of your family members (<i>blood or not</i>) currently work for the Village of Buckeye Lake? (<i>This includes elected officials</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?

EDUCATION			
High School		Address	
From	To	Did you graduate or obtain a GED? YES <input type="checkbox"/> NO <input type="checkbox"/>	Were you part of a fire/ems tech program? YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade / Professional School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate
Other School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate



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PROFESSIONAL CERTIFICATIONS AND ORGANIZATIONS			
OHIO CERTIFICATIONS			
Firefighter I <input type="checkbox"/> Firefighter II <input type="checkbox"/> Fire Safety Inspector (FSI) <input type="checkbox"/> Fire Instructor <input type="checkbox"/> Fire Inspector Instructor <input type="checkbox"/> EMT/EMT-Basic <input type="checkbox"/> EMT Advanced <input type="checkbox"/> Paramedic <input type="checkbox"/> EMS Instructor <input type="checkbox"/>			
OTHER CERTIFICATIONS & RECOGNIZED TRAINING			
Fire Investigator I <input type="checkbox"/> Fire Investigator II <input type="checkbox"/> Haz-Mat Technician <input type="checkbox"/> ASHI/AHA Instructor <input type="checkbox"/> Fire Officer <input type="checkbox"/> EVOC Instructor <input type="checkbox"/> EFO/OFE <input type="checkbox"/> Rescue Tech <input type="checkbox"/> Specialized Rescue (<i>Diver, Collapse, Confined Space, etc.</i>) <input type="checkbox"/> Incident Safety Officer <input type="checkbox"/>			
PROFESSIONAL ORGANIZATIONS <small>(ONLY LIST THOSE YOU ARE ACTIVE IN AND ARE RELATED TO THE FIRE/EMS SERVICE)</small>			
OH FF Assoc <input type="checkbox"/> OH Fire Chiefs' Assoc <input type="checkbox"/> iCHIEFS <input type="checkbox"/> FEMA <input type="checkbox"/> County EMA <input type="checkbox"/> NFPA <input type="checkbox"/> ICC <input type="checkbox"/>			
OH Cert #	Expiration	Others Not Listed	
PREVIOUS EMPLOYMENT			
DIRECTIONS: List all employers you have had throughout the past 10 years, beginning with the most recent, using the guidelines outlined below: <ul style="list-style-type: none"> • All information must be provided for an employer unless you have no means of obtaining the information. (i.e. don't skip getting something like the address) • The address provided should be the mailing address of the employer. • For employers who are fire departments: <ul style="list-style-type: none"> ○ Membership with a volunteer fire department shall be considered as an employer for the purposes of this application and, therefore, must be listed ○ The Fire Chief should be listed as the supervisor, unless certain circumstances justify otherwise ○ Under "Responsibilities", identify those you possess which are beyond the normal duties of the position (i.e. EMS Coordinator, manage turnout gear, etc.). We know you fight fire and provide EMS. We want to know what you do above and beyond what is required. 			
Employer		Phone ()	
Address		Supervisor	Email Address
Title/Rank		Rate of Pay \$	Currently Employed YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	Employment Status Full <input type="checkbox"/> Part <input type="checkbox"/> Vol <input type="checkbox"/>
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	Email Address
Title/Rank		Rate of Pay \$	Currently Employed YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	Employment Status Full <input type="checkbox"/> Part <input type="checkbox"/> Vol <input type="checkbox"/>
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			



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Employer		Phone ()	
Address		Supervisor	Email Address
Title/Rank	Rate of Pay \$	Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities			
From	To	Reason for Leaving	Employment Status Full <input type="checkbox"/> Part <input type="checkbox"/> Vol <input type="checkbox"/>
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	Email Address
Title/Rank	Rate of Pay \$	Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities			
From	To	Reason for Leaving	Employment Status Full <input type="checkbox"/> Part <input type="checkbox"/> Vol <input type="checkbox"/>
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>Please attach separate sheets for additional employers</i>			
REFERENCES			
<i>Please list three professional references. (Do not use a supervisor you listed with a previous employer, or a family member, as a reference)</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			



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DISCLAIMER AND SIGNATURE

I, _____ print_name _____, certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.

I certify that my answers are true and complete to the best of my knowledge. I authorize the investigation of all information contained in this application for employment, as well as any and all other documents required of me. The Village of Buckeye Lake may conduct extensive background investigations to include, but may not be limited to criminal, personal, financial, educational, psychological, and employment history. I understand that false or misleading information on my application, accompanying documents, or interview before or during my employment with the Village of Buckeye Lake may result in my release. The Village of Buckeye Lake has the right to accept or reject any and all applications based on information acquired from background information.

Signature

Date

CHECK LIST FOR SUBMISSION



Do not submit copies of your certifications, diplomas, training, or other documents. Only provide those identified below. You will be afforded an opportunity to present these items for review during the oral interview process.

- Application (Pages 1 – 4)
- Notification of Intent to Perform a Criminal Records Check (Page 5)
- Declaration of Understanding (Page 6)
- Applicant Authorization and Consent for Release of Information (Page 7)
- Additional Pages

The items below are not required to apply but may accelerate the hiring process. Items greater than 6 months old may not be accepted.

- All medical records related to the receipt of an approved medical physical obtained within 6 months of application
- Resume
- Ohio BMV driver's abstract
- State & federal criminal background check performed by the Ohio Bureau of Criminal Investigation (BCI)
- Credit history report
- Employer and/or reference surveys, or other related documents, maintained by current/previous employer
- Any other information which may be beneficial to the process



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NOTIFICATION OF INTENT TO PERFORM A CRIMINAL RECORDS CHECK PLEASE READ CAREFULLY BEFORE SIGNING

Pursuant to Sections 737.221 & 4765.301 of the Ohio Revised Code (ORC), I, _____, print name, attest that I was notified and fully understand the following:

Initial

_____ That, should I be considered for employment, it is the intent of the Buckeye Lake Fire Department to request that a criminal records background check be performed on me by the Superintendent of the Ohio Bureau of Criminal Identification or Investigation (BCII).

_____ That I will be required to provide a set of impressions of my fingerprints.

_____ That the Fire Chief requires that my results of said check be completed satisfactorily, in accordance with Section 109.578 of the ORC, for me to remain eligible for employment.

_____ That if a criminal records check is requested of me, Pursuant to ORC 109.578, I will be assessed a fee for all costs incurred in obtaining the criminal records check, not to exceed \$50.00. I further understand that in the event I successfully gain employment with the Buckeye Lake Fire Department, these costs may be reimbursed to me by my employer.

I certify that all answers and statements outlined above are true, complete, and correct to the best of my knowledge. I understand that a false answer shall be grounds for dismissal from the employment with the Village of Buckeye Lake and that I may also be considered in violation of ORC 2921.13.

Applicant's Signature

Date

Witness' Name – Print (First, MI, Last)

Witness' Signature

Date



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DECLARATION OF UNDERSTANDING

I, _____ print name _____, declare that I have read and understand that I may be disqualified from employment for any of the following:

Initial

_____ Current or previous member of any organization that advocates crime, violence, and/or the overthrow of the United States Government by force or illegal means.

_____ Any recommendation from a qualified person (i.e. polygraph or VSA expert, psychologist, physician, etc.).

_____ Failure to maintain a valid Ohio Driver's License.

_____ A dishonorable discharge from any United States Military Service.

_____ Made false or misleading statements, whether verbal or written, during the pre-employment screening process, or has cheated, attempted to cheat, or showed deception in any part of the selection process.

_____ Admits, during the examination or selection process, to committing any felony while an adult.

I certify that all answers and statements outlined above are true, complete, and correct to the best of my knowledge. I understand that a false answer shall be grounds for dismissal from the employment with the Village of Buckeye Lake and that I may also be considered in violation of ORC 2921.13.

Applicant's Signature

Date

Witness' Name – Print (First, MI, Last)

Witness' Signature

Date



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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PLEASE READ CAREFULLY BEFORE SIGNING

Buckeye Lake Fire Department, hereinafter referred to as "Fire Department", requires as a condition of employment, and/or continued employment, that all applicants consent to and authorize a release and verification of the information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as just cause for disciplinary action, up to and including dismissal.

This release and authorization acknowledges that the Fire Department may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, criminal history, and/or motor vehicle records. In addition, the Fire Department may contact personal/professional references, known associates, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements.

I authorize any third-party service or otherwise authorized by, and at the request of, the Fire Department, and any of their agents and/or employees, to disclose verbally and in writing the results of this verification process to the designated authorized representatives of the Fire Department. The results will be used to determine employment eligibility, as defined by the Fire Department's employment policies, as well as of those for the Village of Buckeye Lake.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide those authorized by the Fire Department with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Fire Department, its agent(s), authorized third-party service(s), and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name, Printed - Last, First, Middle	Maiden or Other Name(s) Used		
Current Address - Street, City, State, Zip	How Long		
Previous Address - City, State, Zip	How Long		
Previous Address - City, State, Zip	How Long		
Social Security Number	Date of Birth – <i>(for confirmation of ID only)</i>		
Name <i>(exactly as it appears on Driver's License)</i>			
State	Driver's License Number	Signature	(Date)