



**BOTKINS FIRE DEPARTMENT
EMPLOYMENT APPLICATION**

207 W. State Street, Botkins Ohio 45306
Phone (937) 693-3314 Fax (937) 693-6463

NOTICE: Incomplete and/or inaccurate answers will result in your not being considered. False statements will invalidate your application or employment. If extra space is needed, please attach additional sheets.

PERSONAL

Name _____ SSN _____ - _____ - _____
Last First Middle

Address _____ Phone# _____ - _____ - _____
Street Address City State Zip

Date of Birth _____ Age _____

EDUCATION (High School & Post High School Only)

High School _____ Years Completed _____ Graduate? Yes No

College _____ Years Completed _____ Graduate? Yes No

Other (specify) _____ Years Completed _____ Graduate? Yes No

MILITARY SERVICE IN U.S. ARMED FORCES

Branch of Service _____ Type of Discharge _____

Military Training and Experience _____
(Attach Copy of DD214)

MISCELLANEOUS

Position applied for _____

of years in this work _____ May we contact your current employer? Yes No If No, Explain

List any special skills and abilities including any relevant volunteer or unpaid experience _____

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PRIOR WORK HISTORY (List last employer first)

Dates Mo/Yr FROM TO	EMPLOYER	NATURE OF WORK
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	
_____	Name _____ Address _____ Supervisor's Name _____ Reason for Leaving _____ Rate of Pay _____	

DRIVING RECORD

Do you possess a valid Ohio Driver's License? _____ License Number _____ Exp. _____

Restrictions? _____ If yes, please list restrictions _____

Has your driver's license ever been revoked or suspended? _____ If yes, state when, where and why _____

Have you ever been charged with violating any traffic laws by ANY agency? _____ If yes, explain _____

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SKILLS AND ABILITIES

Describe any experiences or training you had which, in your opinion, would give you special qualifications for this position:

Are you Ohio Peace Officer Training Academy Certified? Yes _____ No _____ Date of Certification _____

Can you operate any type of radio/communication equipment? Yes _____ No _____ If yes, give details

MISCELLANEOUS HISTORY

Have you ever been convicted of a crime? (misdemeanor or felony) Yes _____ No _____ If yes, explain

DATE LOCATION VIOLATION/CHARGE AGENCY INVOLVED

PERSONAL REFERENCES (List three people, not related to you, who have knowledge of your character, experience and ability) **PLEASE READ AND SIGN BELOW:**

Name Address Occupation Phone Number

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way. If the employer decides to employ me, I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason. I also understand that a background check will be required prior to employment, and that, in accordance with the drug free workplace program, drug testing may be required. **I waive all provisions of law forbidding colleges or universities which I attended, past employers, or any Federal, State, or local Law Enforcement agency from disclosing any information which they acquired relevant to my employment or background investigation.** I consent that they may disclose such information to the Botkins Police Department and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional, upon completion of a physical assessment and other pre employment screenings and interviews.

Signature

Date