



**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 \_\_\_\_\_

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**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

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**MILITARY SERVICE IN U.S. ARMED FORCES**

Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Military Training and Experience \_\_\_\_\_  
(Attach Copy of DD214)

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**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 _____	

### 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Has your driver's license ever been revoked or suspended?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:

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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

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## MISCELLANEOUS HISTORY

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

DATE                      LOCATION                      VIOLATION/CHARGE                      AGENCY INVOLVED

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## 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

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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