



BEAVERCREEK TOWNSHIP FIRE DEPARTMENT

www.beavercreekfire.org

851 Orchard Lane, Ste A Beaver Creek, Ohio 45434-7228
p. 937.426.1213 / f. 937.426.8780

TRUSTEES
Carol Graff
Tom Kretz
Jeff Roberts

FISCAL OFFICER
Christy Ahrens

ADMINISTRATOR
J. Alexander ZahariEFF

FIRE CHIEF
David VandenBos

Dear Applicant,

Thank you for your interest in the Beaver Creek Fire Department. The following are guidelines for completing the employment application:

1. Fill out all pages of the application packet completely.
2. Attach copies of each of the following:
 - a. Driver's License
 - b. Social Security Card
 - c. Paramedic Certification Card
 - d. Firefighter Level II Certification Card
 - e. CPAT certificate
 - f. Driver's Abstract
3. Make sure you have signed and dated all forms and obtained signatures of witnesses where necessary.

After you have completed all of the above, please drop off the completed packet at the Fire Department Administration Office or you may fax it to the number below.

Thank you,

Beavercreek Fire Department

Fax number: 937-426-8780

Phone: 937-426-1213

BEAVERCREEK FIRE DEPARTMENT
EMPLOYMENT APPLICATION
(Form PERS0005 1/79)

Please Print

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Date of Application: ___ / ___ / ___

Referral Source: _____ Friend _____ Relative _____ Other _____

Name: _____
Last First Middle

Phone Number: _____ Social Security Number: _____ - _____

Address: _____
Number Street Name City State Zip

How long have you lived at this address ? _____

E-Mail address: _____

Are you age 18 or older ? Yes _____ No _____

Occupation : _____

Present Employer: _____ Supervisor: _____

Address: _____
Number Street Name City State Zip

Phone Number: _____

Have you ever been convicted of a felony ? Yes _____ No _____

Have you ever been convicted of a misdemeanor ? Yes _____ No _____

If yes for either, give details: _____

List all traffic violations within the past five (5) years: _____

Have you ever filed an application here before ? Yes _____ No _____ Date: _____

Have you ever been employed here before ? Yes _____ No _____ Date: _____

Are you a citizen of the United States ? Yes _____ No _____

Have you served in the U. S. Military ? Yes _____ No _____

Branch: _____ Dates of Service: _____

Rank at Discharge: _____

Do you have a valid Ohio driver's license ? Yes _____ No _____ Drivers License # _____

Type of license: Operator _____ Chauffeur _____

Which State if not Ohio ? _____

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PERSONAL REFERENCES

Do not list former employers or relatives -- only persons who can provide education or character references:

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes _____ No _____

If yes, explain: _____

Do any of your friends or relatives work here? Yes _____ No _____

If yes, list names: _____

List professional organizations you belong to and any offices you have held: _____

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EMPLOYMENT RECORD

List all present and past employment beginning with the most recent first. Use a separate sheet of paper if necessary to list all employers.

Employer's Name: _____ / _____
Address: _____ Phone No.: _____ (From) (To)
Area Code
Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

Employer's Name: _____ / _____
Address: _____ Phone No.: _____ (From) (To)
Area Code
Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

Employer's Name: _____ / _____
Address: _____ Phone No.: _____ (From) (To)
Area Code
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Area Code
Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
Briefly describe the nature and duties of your position: _____

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EDUCATION AND TRAINING

Schools Attended	Name & Address	Did you Graduate	Degree	Major Studied
High School _____	_____	_____	_____	_____
Business or Trade School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Special Qualifications (include technical and professional licenses, academic and professional awards, etc.)

Describe specialized training, apprenticeship, skills and extra-curricular activities, fire training, EMS, etc.:

Honors Received: _____

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

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information or omissions in my application or interview(s) may result in my discharge, whenever discovered.

I also understand that if employed, I am required to abide by all the rules and regulations of the Company/Department.

Signature of Applicant _____

Date _____

OFFICE USE ONLY Type of Examination Date Administered Score Standing on Eligible List

Interviewed by: _____

Date & Time _____

BEAVERCREEK FIRE DEPARTMENT
HEPATITIS-B VACCINATION DECLINATION STATEMENT
(Form PERS0017 2/94)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infections. I have been given the opportunity to be vaccinated with Hepatitis vaccine, at no cost to me. However, I decline Hepatitis B vaccine at this time. I understand that declining vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination at no charge to me.

Employee or Applicant Signature _____

Date: _____

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING INVESTIGATIVE CONSUMER REPORTS**

I understand that as a condition of my consideration for employment or a condition of my continued employment, Beavercreek Township may obtain a consumer report and/or investigative consumer report that includes, but is not limited to, employment and education verifications; social security number verification; criminal and/or civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character or reputation, personal characteristics and trustworthiness.

I hereby authorize and consent Beavercreek Township and/or its designated screening service to procure such a report. I understand that pursuant to the Federal Fair Credit Reporting Act, Beavercreek Township will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment. I further understand that such a report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency.

Print Name

Date

Signature