



**BEAVERCREEK
TOWNSHIP
FIRE DEPARTMENT**

851 Orchard Lane
Beavercreek, Ohio 45434
(937) 426-1627 Fax: (937) 426-8780

Trustees – Robert J. Glaser
Carol S. Graff
Richard W. Little

Fiscal Officer – Christy L. Ahrens

Fire Chief – Mark Thomas

Dear Applicant,

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

1. Fill out all pages of the application packet completely.
2. Attach **two (2)** copies of each of the following:
 - a. Driver's License
 - b. Social Security Card
 - c. EMT Certification Card
 - d. Firefighter Certification Card
 - e. CPAT certificate
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.

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:

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

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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
Type of Business: _____ Salary: _____ / _____
(Starting) (Ending)
Name & Title of Supervisor: _____
Your Job Title: _____ Reason for Leaving: _____
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Employer's Name: _____ / _____
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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
WAIVER OF LIABILITY
PHYSICAL AGILITY TEST
(Form PERS0008 9/91)

I, the undersigned, hereby relieve the Beaver Creek Township Fire Department, and any and all Beaver Creek Township employees of liability for injury directly or indirectly sustained as a result of participation in any part of the Physical Agility Test.

Signature of Participant

Date

Witness

Date

Signed: _____

Date: _____

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: _____