



Harrison Township Fire Department

3625 SR 752

Ashville, Ohio 43103

Shawn Davidson, Fire Chief

www.harrisonpickaway.com

Phone: (740) 983-4115

Fax: (740) 983-8114



APPLICANT INFORMATION					
Last Name		First		Middle	
Street Address				Apartment/Unit#	
City		State		Zip	
Home Phone			E-Mail Address		
Mobile Phone			Mobile Provider for Text Messages		
Date Available			Social Security#		
Position Desired			Are You 18 years old or older?		
Are you legally allowed to work in the United States? Yes No			May we contact your present employer? Yes No		
APPLICANT EDUCATION					
High School			City / State		
From To		Did you graduate? Yes No		Degree	
College			Address		
From To		Did you graduate? Yes No		Degree	
Other			Address		
From To		Did you graduate? Yes No		Degree	

License and Certifications		
Do you have a valid EMT Basic or Paramedic certification Yes No		
Date	EMT-B or EMT-P number	Expires
Do you have an Ohio Firefighters Level II Certification? Yes No		School and Date acquired
Do you have a Candidate Physical Abilities Test or equivalent certification? Yes No		

REFERENCES			
Please list three work related references, (do not use relatives)			
1. Full Name		Relationship	
Company		Phone ()	
Address or email			
2. Full Name		Relationship	
Company		Phone ()	
Address or email			
3. Full Name		Relationship	
Company		Phone ()	
Address or email			
PREVIOUS EMPLOYMENT – List current and 2 most recent employers			
Current Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving?	
May we contact your current supervisor for a reference?		YES	NO
1. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving?	
May we contact your previous supervisor for a reference?		YES	NO
2. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving?	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Specialized Military skills or experience that relate to the position you are seeking at Harrison Township?	
VOLUNTEER SERVICE – List any Voluntary or Community Service and / or Citizen Award	
DRIVER'S LICENSE INFORMATION	
Do you have a valid Ohio driver's license?	Yes No If no, explain.
Driver's license number	Expiration date
Do you currently have violation points on your driver's license?	

CERTIFICATION and STATEMENT OF UNDERSTANDING

I certify that all the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the Harrison Township Fire Department may investigate the information I have furnished, and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature: _____ Date: _____

ACKNOWLEDGEMENT & RELEASE (Please read thoroughly before signing.)

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with Harrison Township with the understanding that the Township may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the Harrison Township Fire Department, are a prerequisite to my appointment to a position with Harrison Township. In addition, I also hereby understand that Harrison Township cannot guarantee the confidentiality of the results of, or information obtained through, the screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period. Employment-related documents, except for medical records, maintained by the Township relative to the screening procedures do not appear to fall within any of the enumerated exceptions. Therefore, in consideration of my employment application being reviewed and considered by Harrison Township I, being at least 18 years of age and under no legal disability, on behalf of my heirs and assigns, hereby release, and agree to hold harmless, Harrison Township and any of its agents, employees, or related officials from all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom.

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____

PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that, as a candidate for employment with the Harrison Township Fire Department, I must, in order to be appointed to a position with the Harrison Township Fire Department, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure. I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the Harrison Township Fire Department to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release all information regarding the test(s), including results, to the Harrison Township Fire Department and its representative. I further release the Harrison Township Fire Department, its officers, directors, employees, agents, representatives from all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____

I refuse to consent to a urinalysis

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, RELEASE AND CONSENT

Harrison Township is committed to providing employees with a safe, healthy, and productive environment by maintaining a drug and alcohol-free workplace. I acknowledge that Harrison Township has an Employee Drug Testing Policy, which requires Employees to submit to drug and-or alcohol testing on a quarterly random basis; when there is reasonable belief that his/her work performance is adversely affected by the presence of alcohol or illegal drugs in his/her system; and in the event of an accident on Township premises or involving damage to Township property (post-accident). I further acknowledge that the method of testing used by Harrison Township would include, but is not limited to, urinalysis, breath testing, and blood analysis. I understand that should I be appointed to a position with Harrison Township, I may be required to submit to drug/alcohol testing one or more times during my employment with Harrison Township for the reasons specified above. I also understand that I would be subject to appropriate disciplinary action, including suspension or dismissal, if the results are positive, if masking agents are detected in specimens I provide in conjunction with the testing procedure, or if I refuse to be tested. I hereby knowingly and voluntarily consent to drug and/or alcohol testing for the reasons specified above after appointment to a position with Harrison Township, and authorize Harrison Township to conduct, through its designed testing laboratory or other licensed/certified medical professionals/technicians, urinalysis, breath testing, or blood analysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professional /technicians to release any and all information regarding the tests, including their results, to Harrison Township and its representatives. I further release Harrison Township, its officers, directors, employees, agents, representatives, from all causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____

HARRISON TOWNSHIP FIRE DEPARTMENT BACKGROUND REMOVAL STATEMENT

Harrison Township follows the Ohio Revised Code §9.73 for criteria and /or provisions for removing an applicant from consideration. Please review this section of the Ohio Revised Code.