



**CLINTON TOWNSHIP DIVISION OF FIRE**  
**3820 CLEVELAND AVENUE**  
**COLUMBUS, OHIO 43224**  
**614-471-8924 FAX: 614-475-0023**

**EMPLOYMENT APPLICATION**

Dear Applicant:

Thank you for your interest in the Clinton Township Division of Fire. Please print the enclosed application legibly. The following items must be submitted with your application:

1. High school diploma, GED, and/or any other education.
2. Ohio Driver's License
3. State of Ohio, Firefighter Level II Certification (240 hr course)
4. State of Ohio, Emergency Medical Technician certificate.
5. A copy of any other job-related/training certificates.
6. Driving Record – obtainable through the Bureau of Motor Vehicles, 1970 West Broad Street, Columbus, Ohio 43218
7. Criminal records check from the county in which you reside.

In Franklin County, such record is obtainable through the Franklin County Sheriff's Office, 370 S. Front Street, 2<sup>nd</sup> floor, Columbus, Ohio

**Clinton Township** is an **Equal Opportunity Employer** and does not discriminate based on race, color, religion, sex, national origin, disability, age, or ancestry of any person to discharge without just cause, to refuse to hire, or otherwise to discriminate against that person with respect to hire, tenure, terms, conditions, or privileges of employment, or any matter directly or indirectly related to employment.



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**EMPLOYMENT APPLICATION**

**General Information**

Position Applied For: \_\_\_\_\_ Type of Employment (Check All That Are Applicable) \_\_\_\_\_ Date: \_\_\_\_\_  
 Volunteer [ ] Part Time [ ] Full Time [ ]

Name of Applicant (please indicate how you wished to be addressed)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address (No, Street, City, State, Zip Code)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone No. (Home) \_\_\_\_\_ Other (indicate type) \_\_\_\_\_

Are you legally entitled to work in the United States? YES [ ] NO [ ] Are you over 18 years of age? YES [ ] NO [ ]

Do you have a valid driver's license? YES [ ] NO [ ] CLASS \_\_\_\_\_ Number \_\_\_\_\_ EXP \_\_\_\_\_

Have you ever been convicted of ANY criminal offense other than minor traffic violation? YES [ ] NO [ ]  
 If yes, please explain: \_\_\_\_\_



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**Education**

High School attended and location:                      Highest grade successfully completed                      Year graduated

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University/College attended and location(s):                      No of years completed:                      Year graduated:                      Degrees:

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Major subjects of specialization:

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Other schools attended and location(s)                      No of years completed:                      Year graduated:                      Degrees:

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Major subjects of specialization:

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Other Educational Training Courses:



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**EMPLOYMENT HISTORY** (List present or most recent positions first)

1. Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Department \_\_\_\_\_ Telephone \_\_\_\_\_

Duties \_\_\_\_\_

Name & Position of Immediate Supervisor \_\_\_\_\_

Date Employed (M, D, Yr)	Date Left (M, D, Yr)	Position	Final Salary

Reason for Leaving \_\_\_\_\_ May we contact this employer: YES [ ] NO [ ]

2. Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Department \_\_\_\_\_ Telephone \_\_\_\_\_

Duties \_\_\_\_\_

Name & Position of Immediate Supervisor \_\_\_\_\_

Date Employed (M, D, Yr)	Date Left (M, D, Yr)	Position	Final Salary

Reason for Leaving \_\_\_\_\_ May we contact this employer: YES [ ] NO [ ]



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**EMPLOYMENT APPLICATION**

**EMPLOYMENT HISTORY – PART II**

3. Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Department \_\_\_\_\_ Telephone \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Position of Immediate Supervisor \_\_\_\_\_  
\_\_\_\_\_

Date Employed (M, D, Yr) \_\_\_\_\_ Date Left (M, D, Yr) \_\_\_\_\_ Position \_\_\_\_\_ Final Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer: YES [ ] NO [ ]

4. Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Department \_\_\_\_\_ Telephone \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Position of Immediate Supervisor \_\_\_\_\_  
\_\_\_\_\_

Date Employed (M, D, Yr) \_\_\_\_\_ Date Left (M, D, Yr) \_\_\_\_\_ Position \_\_\_\_\_ Final Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer: YES [ ] NO [ ]



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**ADDRESS HISTORY – LAST 10 YEARS** (List most recent addresses first)

From / To	Address	City, State, Zip	County

**REFERENCES**

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Medical      Do you agree to submit to a medical examination and drug screening at Township expense?  
YES [ ]      NO [ ]

**PLEASE READ CAREFULLY**

I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or be subject to dismissal after employment. All answers given by me to the foregoing questions and all statements made by me in the application are correct and subject to verification. I fully understand that if I fail to pass the physical examination or drug screen, Clinton Township Division of Fire may be unable to offer employment.

I authorize an investigation by the Clinton Township Division of Fire into my background. I authorize them to obtain any and all information regarding my employment (and my reason for leaving), my reputation, my financial status, whether the said records are public, private or confidential in nature, including the results of any polygraph test; and further, I release my prior employers, persons whomsoever, and Clinton Township Division of Fire or it's agents from any charge or civil suit, all liability for damage resulting from the information provided. I further understand that in the event my application is disapproved, the source of confidential information will not be revealed to me.

I understand and agree that no individual has authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless authorized by the Clinton Township Board of Trustees.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_