



# **Delta Community Fire Department**

## **York Township**

500 Main Street

Delta OH 43515

(419)822-4626

## **Employment Application**

Dear Prospective Applicant:

Thank you for your interest in becoming an employee/member of the Delta Community Fire Department (DCFD). The level of commitment required for our members is unlike other civic organizations and, at times, can be quite demanding however the rewards are unique and satisfying. Please consider this *before* you commit your time and talent to the community.

Personal information on this form is collected under the authority of the Freedom of Information Act, and will be used to determine eligibility for employment as a Full-Time, Part-Time or Volunteer/Paid-on-call Fire Fighter/EMT.

We consider all applicants regardless of race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status.

**PLEASE PRINT**

First Name _____	Last Name _____	Middle Initial _____
Home Address _____		
City _____	State _____	Zip Code _____
Phone Number _____	E Mail _____	
Driver's License Number _____	Expiration Date _____	
Position applying for: _____ Part-time FF/EMT _____ Volunteer FF/EMT _____ Other (Specify Below)		
_____		

Are you at least 18 years of age? \_\_\_\_\_

Have you ever applied to this department before? \_\_\_\_\_

If Yes, when? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony relating to theft, drugs or violence?

Yes,  No. If yes, please provide details:

---

---

---

## **Employment and Education History**

Please list your most current employer and the last job prior:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Special skills and qualifications or certifications (please include certification number and state):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School attended: \_\_\_\_\_

Graduation/GED Date: \_\_\_\_\_

Post-graduate studies?

School: \_\_\_\_\_ Degree earned? \_\_\_\_\_

## References

Please list three personal references who are not related to you.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

## **Applicant Statement**

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.

This application shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Do not write below this line (for department use only)**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Interview Date: \_\_\_\_\_

By: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_