



Dear Potential Employee:

Welcome, and thank you for your interest in joining the Eastern Knox County Joint Fire District. There are four (4) basic requirements required for employment:

- Copies of all fire certificates
- Copy of high school diploma
- A driving abstract, driver's license
- A completed Eastern Knox County Joint Fire District application

All completed applications need to be hand delivered to:

**Eastern Knox County Joint Fire District**  
**7 West Walnut St.**  
**Danville, Ohio 43014**  
**(740) 599-7381**

As employment opportunities arise, you may be contacted for further discussion. If I can be of any further help, or if you have any other questions, please contact me.

All applications will remain on file for one (1) year.

Respectfully,

Larry Stimpert  
Fire Chief



**Eastern Knox County Joint Fire District  
(An Equal Opportunity Employer)**

Date Submitted \_\_\_\_\_ Time \_\_\_\_\_ DOB (optional) \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
                     Last                      First                      Middle

Social Security # \_\_\_\_\_ Are you 18 years or older? YES ( ) NO ( )

Address \_\_\_\_\_

Telephone \_\_\_\_\_  
   Work    Home

Position Applying: \_\_\_\_\_ Full-Time ( ) Part-Time ( ) Volunteer ( )

EDUCATION	NAME OF SCHOOL	TYPE OF DEGREE OR CERTIFICATE	CIRCLE GRADE COMPLETED			
			9 <sup>TH</sup>	10 <sup>TH</sup>	11 <sup>TH</sup>	12 <sup>TH</sup>
HIGH SCHOOL LAST ATTENDED						
COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL			1	2	3	4
COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL			1	2	3	4
ATTENDING SCHOOL NOW:			1	2	3	4
OTHER: EMT, EMT-I, EMT-P, ETC.			1	2	3	4



**EMPLOYMENT RECORD (list most recent employer first):**

**Present Employer:** \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact? \_\_\_\_\_

Salary: \_\_\_\_\_ Dates employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact? \_\_\_\_\_

Salary: \_\_\_\_\_ Dates employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact? \_\_\_\_\_

Salary: \_\_\_\_\_ Dates employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact? \_\_\_\_\_

Salary: \_\_\_\_\_ Dates employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



**Special Skills:**

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**List Office Equipment you can operate:**

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**Criminal Record:** Have you been convicted of any crimes, other than traffic violations within the last five years?  
 Yes ( ) No ( ) If yes, please describe:

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\*\*\* (You will not necessarily be denied employment solely because of a conviction record)

Have you been convicted of any moving traffic violations within the last two years?  
 Yes ( ) No ( ) If yes, please describe:

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\*\*\* (You will not necessarily be denied employment solely because of a conviction record)

**Firefighter Applicants Only:** Training Certificate. For appointment as a firefighter, pursuant to the Ohio Revised Code 505.38, an applicant is required to have, or obtain within one year, a certificate issued by the State Board of Education under Ohio Revised Code 3303.07 evidencing his or her satisfactory completion of a firefighter training program. Do you have such an up-to-date certificate? Yes ( ) No ( )

If yes, number of hours certified: \_\_\_\_\_

Do you have a certificate of accreditation as an Emergency Medical Technician-Paramedic, pursuant to Ohio Revised Code 3303.15 or 3303.16? Yes ( ) No ( ) Certification # \_\_\_\_\_

**References:** Give the names of three persons not related to you whom you have known for at least one year.

NAME	ADDRESS	BUSINESS	PHONE
1.			
2.			
3.			



**Physical Record:** Do you have any physical or medical conditions that would preclude you from performing any work for which you are being considered? Yes ( ) No ( )

If yes, please describe: \_\_\_\_\_

What can be done to accommodate your limitation? \_\_\_\_\_

\*\*\* (Ohio law prevents discrimination based on handicap)

Name(s) and telephone number(s) to contact in case of emergency:

\_\_\_\_\_



**Notice:**

It is the fundamental policy of the Eastern Knox County Joint Fire District to provide equal opportunity in all of its operations and in all areas of employment practice and to assure that there shall be no unlawful discrimination against any employee or applicant for employment on the grounds of race, color religion, sex, national origin, age, or handicap. We request that any resume or information submitted not include information indicative of race, color, religion, sex, national origin.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand and agree that, if employed, falsified statements on this application, whether or not job related, shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment and my continued employment are conditioned on my authorizing the Eastern Knox County Joint Fire District to receive information from the Ohio Bureau of Motor Vehicles relating to my driving record, and any traffic violation points, pursuant to Ohio Revised Code 4507.40, that I have accumulated. Accumulation of more than 6 such points during any 24-month period may, in the sole discretion of the Eastern Knox County Joint Fire District Board of Trustees, be grounds for immediate dismissal.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, for any reason or no reason at all, and without any prior notice, except that after successful completion of a 12 month probationary period firefighters may only be terminated as provided by sections 733.35 to 733.39 of the Ohio Revised Code. The 12 month probationary period shall commence as soon as the newly hired firefighter has received the certification required under Ohio Law for the position filled and during the 12 month probationary period firefighters are employees at will and may be terminated at any time with or without cause, for any reason or no reason at all and without prior notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hired: Yes (  ) No (  )      Position: \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_      Date reporting for work: \_\_\_\_\_

Approved:      1. \_\_\_\_\_  
                         2. \_\_\_\_\_      3. \_\_\_\_\_



### WAIVER FOR LATERAL HIRES

I \_\_\_\_\_, am making application to become a (n) \_\_\_\_\_ **«DesiredJobTitle»** of and for the Eastern Knox County Joint Fire District. I am currently employed as a \_\_\_\_\_ **«CurrentJobTitle»** of and for the \_\_\_\_\_ **«CurrentGovernmentOrganization»**.

I fully understand that the Eastern Knox County Joint Fire District will perform a complete and thorough Background Investigation to ensure that I have the necessary skills, abilities and integrity to perform as a \_\_\_\_\_ **«DesiredJobTitle»** of and for the Eastern Knox County Joint Fire District. I recognize and understand that this Background Investigation will include but not be limited to personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed by the Eastern Knox County Joint Fire District to be essential for service as a \_\_\_\_\_ **«DesiredJobTitle»**. I also fully understand that information learned by Eastern Knox County Joint Fire District may result in my not being hired.

Recognizing all of the above, I hereby give the Eastern Knox County Joint Fire District full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer, \_\_\_\_\_ **«CurrentGovernmentOrganization»**. I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution. I agree to hold the Eastern Knox County Joint Fire District harmless from any and all claims made by me as a result of this release of information.

I have **initialed** each of the above paragraphs and have signed this waiver at the bottom of this page. I fully understand this waiver, and have been offered the opportunity to withdraw my application for employment to the Eastern Knox County Joint Fire District.

\_\_\_\_\_  
CURRENT EMPLOYER

\_\_\_\_\_  
ADDRESS OF CURRENT EMPLOYER

\_\_\_\_\_  
CURRENT DEPARTMENT HEAD

\_\_\_\_\_  
PHONE NUMBER OF DEPARTMENT HEAD

Signed this \_\_\_\_\_ of \_\_\_\_\_, 2012 at \_\_\_\_\_, Ohio.  
DATE MONTH CITY

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
WITNESS



To: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BACKGROUND INVESTIGATION

#### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, having made application with the  
(Print full name)

Eastern Knox County Joint Fire District and desiring that the Eastern Knox County Joint Fire District be informed as to my previous record and character, do hereby authorize an investigation of my background and the obtaining by the Eastern Knox County Joint Fire District any and all information which may concern my employment record, reputation, financial status including any and all medical, physical, and mental records whether the said records are of public, private or confidential nature, including the results of any polygraph test, and further I hereby release all persons whomsoever from any charge or civil suit resulting from the furnishing of said information.

I further understand that in the event my application is disapproved, the source of confidential information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of birth \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
(Full signature of applicant) \_\_\_\_\_ (Date of signature)\*\*

\_\_\_\_\_  
(Signature of witness) \_\_\_\_\_ (Title)

\*Eastern Knox County Joint Fire District will insert name as needed

\*\*Above release valid for one year from signature