

Troy Township EMS

Application for Membership



Troy Township EMS is an Equal Opportunity organization. We do not discriminate based on race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS:

1. PLEASE PRINT your answers, except for the signature. Incomplete or illegible applications will not be processed.
2. Applications must be returned between the hours of 8 a.m. and 4 p.m., Monday through Saturday.
3. Resumes will only be accepted as a supplement to the application. Use additional blank paper if you do not have enough room on this application.
4. Applications without a background release of information page will not be accepted.



Troy Township EMS

311 Krotzer Ave. Luckey Ohio 43443
Station: (419) 833-5422

Membership Committee Use Only
Date Rec'd: _____
Initials Rec'd: _____
Interview offered: Yes No
Interview Date: _____
Interview Completed: _____

Today's Date _____

PERSONAL

Full name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Social Security #: _____ - _____ - _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Driver's License Number: _____ State: _____ Class: _____

Current Occupation: _____ Best Time to Contact You: _____

Are you a citizen of the United States? Yes No Are you at least 18 years old? Yes No

Type of employment desired: Part-time Volunteer/Part Paid

How did you hear about membership opportunities:

Current Employee Word of Mouth Press Social Media Other _____

Have you previously applied for membership with the Troy Township EMS?

No Yes- give Month & Year _____

Do you have any relatives affiliated with the department now?

No Yes- give name _____

Has your driver's license ever been suspended and/or revoked? Yes No

If yes, please provide details and dates: (ALSO please include details about any tickets or accidents)

Have you ever been convicted of, or have you ever pled guilty or no contest to, a crime other than a minor traffic citation in court? Yes No

Note: a "yes" answer will not automatically disqualify you from employment with Troy Township; each case will be evaluated in relation to the position. Omission, misstatements or falsification of facts will be sufficient cause for cancellation of this application and/or separation from employment

If yes, please explain. Provide dates, place, nature of offences and outcome?

Please list any special skills, your interests, hobbies:

In two to three sentences, please tell us why you would like to join Troy Township EMS:

Education:

School	Name & Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma?
Graduate					
College					
Business/Trade					
High School/GED					

Foreign Languages Spoken/ Read? Yes No

If yes, please provide details: _____

Do you obtain any Professional License/Certification/Registration (EMT/FF, Engineer, Contractor, CDL etc.):

List computer hardware, software, and other office equipment you can operate:

List special accomplishments, publications, awards & name the professional group(s) of which you are or have been a member of:

Any other education/training/information you would like us to consider:

Employment Information:

Please give accurate, complete full-time and part-time employment history, including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets with using the same format. Membership may be contingent on acceptable references from current and former employers.

Have you ever been fired from a job or an organization or have been asked to resign in the last 10 years? Yes No

If yes please explain: _____

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor: _____

Job Title/Rank: _____

\$	<input type="checkbox"/> Hour
	<input type="checkbox"/> Annually

Description of Responsibilities: _____

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor: _____

Job Title/Rank: _____

\$	<input type="checkbox"/> Hour
	<input type="checkbox"/> Annually

Description of Responsibilities: _____

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor: _____

Job Title/Rank: _____

\$	<input type="checkbox"/> Hour
	<input type="checkbox"/> Annually

Description of Responsibilities: _____

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor: _____

Job Title/Rank: _____

\$	<input type="checkbox"/> Hour
	<input type="checkbox"/> Annually

Description of Responsibilities: _____

Fire Rescue/ EMS Esperance:

Have you ever applied to another Fire/EMS department? Yes No

If yes, please list the department(s) which you have applied to, the date applied, and the outcome: _____

Have you ever served in another Fire/EMS department? Yes No

If yes, please answer below. The Chief of the department will be contacted before being scheduled for an interview.

Department: _____ Dates of Service: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Chief's Name: _____ Phone: _____

Email: _____ Highest rank held: _____

Reason why you left? _____

Fire Rescue/ EMS courses taken: _____

Fire/Rescue vehicles authorized to operate: _____

TRAINING:

Please list any specialized training in the fire or life safety field. Submit Copies of Certifications.

SPECIAL SKILLS:

Please list any specialized skills you may have with any heavy machinery, industrial equipment, or other technical training.

Additional Information:

BACKGROUND:

Have you ever been convicted of any law violation in the last SEVEN years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any please of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.) Yes No - **If yes**, Please explain in full: _____

A PHOTOCOPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED TO THIS APPLICATION.

References:

Give **three** references not related to you, who have definite knowledge of your business or professional qualifications for the position you are applying for. Do not repeat names of supervisors listed under employment or organizational membership history

Name: _____ Years Known _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name: _____ Years Known _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name: _____ Years Known _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Important Facts to Consider

Time commitment. Volunteering with Troy Township EMS requires a very significant time commitment on the applicant's part. All volunteers will be asked to maintain a minimum average of 10% on their yearly run count. This amounts at an average of 50-60 runs per year. All probationary members will be required to complete their probationary book within one year of hire. You may have the chance to pick up any on call nights or weekends after your 6-month probationary review. Members are strongly encouraged to attend a monthly business meeting & monthly drills. You will be frequently asked to help with community events. Meeting such time requirements needs a significant commitment on the part of the applicant and their family/significant others. We strongly encourage that the applicant thinks about the time commitment in terms of their families and/or significant other to ensure that they have their love, support, and understanding.

It is not a glamorous job. Participation with the Fire/EMS services is not necessarily for everyone. Depiction of the service on television series such as Chicago Fire, Code Black, Gray's Anatomy, etc..., though often based on real life situations, are not an accurate portrayal of what one necessarily does or observes in the Fire/EMS Service. The work is physically strenuous, emotionally challenging, and high stress. Service providers must deal with extremely noisy, dirty work environments, and are exposed to unsightly, disturbing sights on a regular basis. The rewarding aspects of the service is the knowledge of a job well done, having the ability to help someone in need, and often making a difference in someone's life. It is often a thankless job with few tangible rewards. There is a lot of training requirements and little recognition. You need to ask yourself if "this is for me?"

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize Troy Township to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the Administration Department.

Signature of Applicant

Date

Notification and Authorization to Release Criminal Information for Employment Purposes

NOTIFICATION & AUTHORIZATION

I hereby authorize and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Position(s) Applied for: _____

Please print (for identification purposes):

Full Legal Name: _____
First
Middle
Last

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

Previous Address (most recent): _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Gender: Female ___ Male ___
Month/Day/Year

Social Security Number: _____ Driver's License # _____ State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?
This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) No _____

SIGNATURE & DATE ARE NEEDED ON THE BACK OF THIS SHEET

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with Troy Township. By signing below, I hereby provide my authorization to Troy Township to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by Troy Township based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from Troy Township's receipt of such appeal.

Signature

Date

(Additional response area)
