

Phillipsburg Fire Department
16 E. Poplar Street, P.O. Box 457
Phillipsburg, OH 45354
937-884-7620



EMPLOYMENT APPLICATION

OFFICE USE ONLY

Application Received: _____

Background: _____

Interview: _____

Appointment: _____

POSITION APPLYING FOR

___ Part Time

___ Paid per call Volunteer

INSTRUCTIONS

This application is to be completed entirely. Providing false or incomplete information will result in the removal of this application from the process.

Read this section before completing the application

The Phillipsburg Fire Department is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

I understand that my application will be considered active for ninety (90) days; If I wish to be considered for employment after that period, I must renew my application.

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TRAINING CONT.:

LIST ANY OTHER CERTIFICATES THAT WOULD APPLY:

NOTE: Please bring all certificates with you when returning this application so copies can be made at that time.

ARE YOU CURRENTLY A MEMBER OF ANY OTHER FIRE, EMS or POLICE DEPARTMENT? (Circle) YES NO
IF YES, PLEASE LIST:

PHYSICAL

Do you have any physical conditions which may limit your ability to perform the job applied for?
(CIRCLE) YES NO

(HEIGHT) (WEIGHT) (DATE of LAST PHYSICAL)

PAST RESIDENCE

List all of your residences for the past five (5) years beginning with the most recent:

(Dates from / to) (Street address) (City, State, Zip)

(Dates from / to) (Street address) (City, State, Zip)

(Dates from / to) (Street address) (City, State, Zip)

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REFERENCES (Name, relationship, phone number)

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I certify that all the information submitted by me on this application and its attachments is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated based on such misrepresentation. Unless specifically noted otherwise, I hereby authorize the Village of Phillipsburg to make inquiry of any person or organization name in this application for the purposes of verifying the information provided and release any such person providing the Village of Phillipsburg from any liability arising out of the provision of such information.

I understand that the Village of Phillipsburg may choose to perform pre-employment record checks, including but not limited to, criminal records, driving record checks, credit record checks and employment or education record checks. Additionally, I understand that as a condition of employment, the Village of Phillipsburg reserves the right to perform these record checks on a continuing basis, I hereby authorize such record check and release any such person providing information to the Village of Phillipsburg from any liability arising out of the provision of such information.

I understand that, if I am offered a position with the Village of Phillipsburg, I will be required to a pre-employment physical examination, at the expense of the Village of Phillipsburg, at a place designated by the Village of Phillipsburg and that this physical examination will include drug/ alcohol test(s), as well as any other testing procedures determined to be necessary and appropriate for the position. I hereby authorize the physical examinations/ tests by the Village of Phillipsburg. I hereby release the Village of Phillipsburg and the physician(s) and/ or medical facilities performing the examinations/ tests, or any and all liability arising out of the administration of the examinations/ tests and for any and all actions arising out of the results.

I understand that, unless the terms of employment are otherwise limited by civil service or a collective bargaining agreement, my employment can be terminated, with or without cause, and with or without notice at any time, at either my option or the Village of Phillipsburg's option.

Applicants Signature

Date