



Cheviot

Fire Department

3814 Harrison Ave Cheviot, Ohio 45211
513-661-2958

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Driver's License #: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the city of Cheviot? YES NO If yes, when? _____

Are copies of the following attached?

- € Driver's License
- € GED/Diploma
- € DD-214 (if applicable)
- € Current CPR Card
- € Social Security Card
- € Firefighter Certification# _____
- € EMT-Basic/Paramedic Certification# _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever been terminated or asked to resign from a job? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

List previous employment history starting with most recent.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list any references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Certifications

Please list all certifications. (Must attach a copy of all certifications)

Military Service

Please attach DD 214 Military Discharge Papers.

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any false information could subject me to prosecution under the Ohio Revised Code Section 2921.13.

Signature: _____ Date: _____