

# MINERVA PARK FIRE DEPARTMENT

2829 Minerva Lake Road

Columbus, Ohio 43231

[persopnellt@minervapark.org](mailto:persopnellt@minervapark.org)

(614) 882-3375

## APPLICATION FOR EMPLOYMENT

**DATE:** \_\_\_\_\_

*Please type or print clearly*

Full Name:    *Last*                      *First*                      *Middle*

--

Date of Birth:                      Social Security Number:

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Present Address:                      *City*    *State*    *Zip Code*                      *Years there?*

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Previous Address:                      *City*    *State*    *Zip Code*                      *Years there?*

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Primary Telephone Number: *type*    Alternate Phone Number:    *type*

(    )                      (    )
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E-mail Address:

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How were you referred to MPVFD? \_\_\_\_\_

Have you ever worked for the Minerva Park Volunteer Fire Department, the Minerva Park Police Department or the Village of Minerva Park? **YES / NO**    *If yes explain and include dates worked:*

\_\_\_\_\_

Do you have any Restrictions on when you can work (specific hours or days)?    **YES / NO**

*If yes, please explain:* \_\_\_\_\_

\* Have you ever been convicted of a crime other than minor moving violations? **YES / NO**

*If yes, please explain:*

\* Have you ever received Workers Compensation for injuries? **YES / NO**

*If yes, please explain:*

\* Describe any physical disabilities you have:

\* How many days have you missed work due to illness in the past two (2) years?

Indicate any hobbies, organizations or groups you participate in:

Have you ever worked for or been a member of another Fire or EMS agency? **YES / NO**

*If yes, please provide the following information:*

Department Name and Address: \_\_\_\_\_

Chief or Supervisor's Name & Telephone Number: \_\_\_\_\_

List any office or special positions held: \_\_\_\_\_

*Attach additional pages for multiple departments not included in employment history.*

**EMS CERTIFICATIONS / LICENSES** *Please attach copies with your application*

Emergency Medical Technician – **Basic / Intermediate / Paramedic** *(circle one)*

State of Ohio Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Nationally Registered? **YES / NO** *If yes, Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_*

BLS-HCP / CPR Expiration Date: \_\_\_\_\_

ACLS Expiration Date *(paramedics only)*: \_\_\_\_\_

PALS / PEPP Expiration Date *(paramedics only)*: \_\_\_\_\_

List any additional EMS / Fire / Medical Certifications *(BTLs, Nursing, State Fire Card, HAZ-MAT, etc)*

\* *Where indicated does not necessarily exclude you from employment*

Have you ever had a professional or medical license or certification revoked or suspended? (Does not necessarily exclude you from employment) **YES / NO**

If yes, please explain:

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**REFERENCES**

List the names and telephone numbers of three (3) personal references, other than relatives or former employers, that MPVFD, its officers or designates may contact concerning your character:

*NOTE, by providing this information, you are hereby granting permission to contact these references*

1.
2.
3.

**EMERGENCY CONTACT INFORMATION**

Person(s) to be notified in case of emergency

Name:	Relationship		
Address	City	State	Zip Code
Primary Telephone Number: (     )	Alternate Telephone Number: (     )		

**MILITARY EXPERIENCE**

Branch of Service:                  Rank:                  Dates Served:                  Present Reserve Status

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Provide information about your duties and / or any special training your received:

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**DRIVERS LICENSE INFORMATION**

*Your Driving Record will be checked and any offer of employment is specifically contingent on verification of the information provided below.*

Drivers License Number:                  State Issuing:                  Expiration Date:

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Type / Classification:                  Restrictions:                  Endorsements:                  Currently Valid: **YES / NO**

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Provide dates and details concerning any and all moving violations and ALL vehicle accidents in which you were involved in as a driver (regardless if you were cited). *Attach additional pages as needed.*

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**EDUCATIONAL EXPERIENCE**

**High School**

Name:                      Address:                                      Dates Attended:                      Graduated? **YES / NO**

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**College**

Name:                      Address:                                      Dates Attended:                      Graduated? **YES / NO**

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Area of Study and / or Degree Obtained

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**Additional College or Technical School**

Name:                      Address:                                      Dates Attended:                      Graduated? **YES / NO**

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Area of Study and / or Degree Obtained

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**EMPLOYMENT HISTORY**

**Present or Most Recent Employer**                      Address                      City                      State                      Zip Code

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Dates Employed (From-To)                      Type of Business                      Supervisor Name & Telephone Number

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Provide your title or position, a description of your duties and your reason for leaving.

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**Previous Employer**                      Address                      City                      State                      Zip Code

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Dates Employed (From-To)                      Type of Business                      Supervisor Name & Telephone Number

--

Provide your title or position, a description of your duties and your reason for leaving.

--

**Previous Employer**                      Address                      City                      State                      Zip Code

--

Dates Employed (From-To)                      Type of Business                      Supervisor Name & Telephone Number

--

Provide your title or position, a description of your duties and your reason for leaving.

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**APPLICANT:**

***READ THE FOLLOWING  
CAREFULLY AND COMPLETELY BEFORE SIGNING.***

An investigation may / will be made whereby personal interviews with your neighbors, friends, and / or acquaintances to obtain information on your character, general reputation, personal characteristics, mode of living, and criminal record if any. You have the right to a written request within a reasonable time to receive information about the nature and scope of this investigation.

1. I the undersigned hereby authorize the Minerva Park Volunteer Fire Department or its representatives to investigate information, statements and / or references provided in this application, without liability arising there from.
2. I agree to submit to a physical examination by a physician designated by the Minerva Park Volunteer Fire Department, at any time, and from time to time as requested by the Minerva Park Volunteer Fire Department.
3. I agree, if employed, any falsification or omission of information in the application may result in termination of my employment at any time.
4. I agree, if employed, that the Minerva Park Volunteer Fire Department or myself may terminate my employment at any time, with or without cause.
5. I hereby authorize the Minerva Park Volunteer Fire Department, or its representatives, to request and examine police and driving license records pertaining to me, for use by the Minerva Park Volunteer Fire Department only.

I have read, understand, and agree to all of the above statements.

Applicant's Signature:

Date:

**APPLICANT DO NOT WRITE BELOW THIS SECTION**

Activity	Date Completed	Date Reviewed	Reviewed By
Driving Record Check			
Police Record Check			
Reference Check			
Applicant Notified			
Comments:			

I give the Minerva Park Volunteer Fire Department permission to seek a copy of my arrest records from the Franklin County Sheriff's Department. I do hereby release the Franklin County Sheriff's Department and all individuals connected therein from all liability.

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

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Agency Making Request: Minerva Park Volunteer Fire Department

Signature of Agent Making Request: \_\_\_\_\_

This is a copy of the arrest record on file at the Franklin County Sheriff's Department on the above subject. It is only a check by name and social security number, not fingerprints, and is un-verified as to the true identity of the subject in question.

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Date	Charge
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**Dispositions:**  
Municipal Court      Common Pleas Court      BY: \_\_\_\_\_  
875 S High St      869 S High St  
Columbus, Ohio      Columbus, Ohio      DATE: \_\_\_\_\_  
(614) 645-8186      (614) 462-3650