



Bath Township Fire Department Job Application Packet

- Return all materials in sealed envelope to:

**Bath Township Fire Department
Attention: Chief Joseph Kitchen
1787 N. Dixie Highway
Lima, Ohio 45801**

CHECKLIST

- Attach a current resume to your job application. _____
- Complete all enclosed forms & notarize as indicated _____
- Make copies of the following documents and attach to your application:
 1. Ohio Drivers License _____
 2. EMT certification _____
 3. Firefighter certification _____
 4. BLS-Healthcare Provider CPR card _____
 5. ACLS & PALS Provider cards _____
 6. EVOC certificate _____
 7. Hazmat certificate _____
 8. NIMS certificates _____
- Applicants may also include letters of recommendation with their application packet.

Bath Township is an equal opportunity employer & a drug free workplace.

No phone calls please.

BATH TOWNSHIP

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

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PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT:_____

NAME:_____

Last	First	Middle Initial
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HOME ADDRESS:_____

CITY/STATE/ZIP:_____

COUNTY:_____ HOME PHONE:_____

S.S. NUMBER:_____ ARE YOU AN ADULT? YES ☐ NO ☐

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN
DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT
EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL
EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER:_____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES ☐ NO ☐

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:___ PER CURRENT SALARY:___ PER___

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DO YOU WANT TO LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:___ PER CURRENT SALARY:_ PER__

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:___ PER CURRENT SALARY:_ PER__

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:___ PER CURRENT SALARY:_ PER__

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:___ PER CURRENT SALARY:_ PER__

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS OR ANY OTHER
INFORMATION RELATED TO PREVIOUS EMPLOYERS, PLEASE USE A BLANK
SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE
EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO
DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO
PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED:_____

ADDRESS:_____

DID YOU GRADUATE?_____HIGH SCHOOL EQUIVALENT?_____

COURSES PERTAINING TO JOB APPLIED FOR:_____

ACTIVITIES, AWARDS, SPORTS, ETC.:_____

COLLEGE OR TRADE SCHOOL ATTENDED:_____

ADDRESS:_____

DATES OF ATTENDANCE:_____ TO:_____

DID YOU GRADUATE?_____DEGREE:_____

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COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION
ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK,
ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE
EVALUATION OF YOUR APPLICATION.

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PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH
MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD
WE SELECT YOU FOR A POSITION? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO
QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES ☐ NO ☐

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES ☐ NO ☐

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES ☐ NO ☐

ARE YOU A RESIDENT OF OHIO? YES ☐ NO ☐

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT?

YES ☐ NO ☐

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY BATH
TOWNSHIP? YES ☐ NO ☐

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU
HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

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NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE
YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS
OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH
PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS,
CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

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4. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

5. This application will be considered active for 12 months from the date filed. If you are hired, it will become part of your official employment record.

Initials: _____

6. I understand and accept that if I am hired it will be my responsibility to read and understand all written policies, directives, and SOPs; and that I will be disciplined for violating them.

Initials: _____

7. I understand that racial, religious, and sexual harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited harassing behavior.

Initials: _____

8. I understand that my job is safety sensitive and that I can be sent for a drug or alcohol test at any time.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I AGREE THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

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FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH BATH TOWNSHIP MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's signature

Date

(Notarized by)

(Date)



EMPLOYEE EXPECTATIONS

The following is a list of expectations that are not included in your job description. We feel it is extremely important for everyone to know what is expected of them. Please review the list and clarify any questions you may have. This list is intended to help you make an easy transition to our organization.

1. Maintain and promote a winning attitude.

- Look at problems as opportunity. How can we improve?
- When you bring concern to an officer bring two possible solutions.
- Do not engage in chronic complaining. Be part of the solution not part of the problem. Complaining does little to improve the organization. Help us work towards positive solutions.
- Don't accept negative attitudes in others. Bring negativity to their attention.
- Avoid negative thinking. Negative thinking is contagious and limits our potential.
- Remember...attitude is a choice; choose to have a good one.
- Develop a "Can do" attitude. You are in control of your potential.
- Focus on making a positive impact on others and the organization.
- Seek out opportunity and ways to implement.
- Deal in **FACTS**, not assumptions.

2. Practice the Golden Rule.

- Treat others the way you wish to be treated.
- See value in others. Everyone has value.
- Care about the other members and help them succeed.
- Focus more on the positive attributes of others instead of the negative. We will not ignore the negative, but we will emphasize the positive.
- Help energize others by being motivated yourself.

3. Be a team player.

- Participate in meetings and trainings.
- Help your fellow members succeed.
- Remember... We win and we lose as a team, not individuals.
- Keep communications open.
- Always seek win-win solutions.
- Have fun. Enjoy working with the group.
- Make it a safe environment.
- Build relationships to improve trust and understanding.
- Allow mistakes. We will all make mistakes when we try new ideas.
- Learning must take place when we make mistakes.
- Poor performance is not tolerated.
- Recognize fellow members for a job well done.

4. Seek excellence.

- Increase your education and skill level.
- Focus on helping to move the organization forward.
- Finish what you start. Get help if you need it.
- Seek to improve everything we do.
- Think why we can instead of why we can't.
- Be data driven.
- Understand our budget is limited. How can we make the biggest impact with what we have?

5. Do that which is right.

- Everything you do must be done in a moral, ethical, and legal manner.
- Contribute to the mission and vision of the organization.
- Help accomplish our goals.
- Always consider the internal and external customer.
- Remember the 10 Commandments are not outdated.
- Be trustworthy and show integrity.

6. Stay focused.

- Remember... you're here to help the organization succeed.
- Stay focused on contributing to the mission, vision, and goals.
- Don't get distracted with personal agendas.
- You are our most valuable resource. We will support you through education, training, coaching and counseling.
- Every task that you engage in must be aligned with the mission.

7. Participate.

- Participate in meetings, trainings, special details, and emergency calls.
- Participate by communication, asking questions and offering suggestions.
- Participate by helping the organization be better today than it was yesterday.

8. Capitalize on adversity.

- We are constantly faced with adversity and problems. Don't let the problems pull you down. Our job is to adapt and overcome problems.
- Seek out opportunity anytime you are confronted with adversity.
- Understand all of the facts when confronted with adversity.
- Help develop and implement the plan to overcome adversity.

I have reviewed and discussed the above list to clarify my understanding of the expectations. A copy has been provided to me for future reference.

Employee

Date

Officer

Date



Bath Township Fire Department

WAIVER OF LIABILITY PHYSICAL AGILITY TESTING

I, the undersigned, hereby relieve Bath Township, and the Bath Township Fire Department, all employees of Bath Township and the Bath Township Fire Department, of liabilities for injury directly or indirectly sustained as a result of participation in any part of the physical agility testing for the employment position for which I have applied.

Signature

Date

Witness

Date

Bath Twp. Fire Department Job Application

In your own words and in your own handwriting, please write a paragraph on why you believe you would be the best candidate for employment with the Bath Twp. Fire Department.

Bath Township Allen County, Ohio
2880 Ada Road, Lima OH 45801-3334

**BATH TOWNSHIP FIRE DEPARTMENT
AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK
AND PERSONAL INQUIRY WAIVER**

Applicant Name:_____ Social Security #:_____

Current Address:_____ Date of Birth:_____

City, State, Zip:_____ Drivers License #:_____

Please read the following statements carefully. Do not sign this authorization until you have done so.

1. I, the undersigned, an applicant for employment with Bath Township Fire Department, hereinafter called "Employer," do hereby authorize Employer, its agent or other duly authorized representative, to obtain information from any persona, doctor, firm, corporation, hospital, governmental entity or other entity concerning myself, including but not limited to: my employment, skills, work habits, ability to perform the essential functions of the job for which I am applying, physical records, character, and legal history. I further consent and authorize any persona, doctor, firm, corporation, hospital, governmental entity, or any other entity to furnish that information. I understand that I must sign this document in order for my application for employment to be considered further.
2. I further release, discharge, and hold harmless, Employer and its Agent and any party and/or entity delivering information to Employer, its Agent or other authorized representatives as a result of this authorization, from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, nondisclosure, or omissions of any information in connection with this authorization.
3. I further understand and agree that the information for this employment reference check may be obtained through interviews (verbal) or written request with parties having information which pertains to me, any of my history, and through requests to former employers, law enforcement agencies, academic institutions, credit reporting agencies, financial sources, governmental agencies, medical providers, or any other entities.
4. My signature below indicates that all statements and representations made by me to my Employer are true, and I understand that any misrepresentations or omission of significant or substantive information will be sufficient cause for cancellation of my consideration for employment and, if employed, will be sufficient cause for termination.

(Continued on next page)

Bath Township Allen County, Ohio
2880 Ada Road, Lima OH 45801-3334

**BATH TOWNSHIP FIRE DEPARTMENT
AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK
AND PERSONAL INQUIRY WAIVER**

BY SIGNING THIS AUTHORIZATION, I HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND IT AND THAT I AUTHORIZE THE RESEARCH OF MY BACKGROUND AND THE RELEASE OF APPROPRIATE INFORMATION AND REPORTS, AS OUTLINED HEREIN.

A copy of this document shall be construed as the original. You may retain this form for your files.

Applicant signature

Date

**STATE OF OHIO
COUNTY OF ALLEN**

The foregoing instrument was acknowledged before me this ____ day of _____, 2015
by _____.

Notary Public

My commission expires

Bath Township Allen County, Ohio
2880 Ada Road, Lima OH 45801-3334

AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish to Bath Township Fire Department, with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, medical and/or medical-related records, and my financial and credit status. Please include any and all records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this replay will be used to assist the Bath Township Fire Department in determining my qualification and fitness for the position I am seeking with the Bath Township Fire Department. I hereby release you, your organization, and others from any liability or damage that may result from furnishing the information requested.

A copy of this document shall be construed as the original. You may retain this form for your files.

Applicant signature

Date

Selective Service Number

STATE OF OHIO
COUNTY OF ALLEN

The foregoing instrument was acknowledged before me this _____ day of _____, 2015
by _____.

Notary Public

My commission expires