



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?

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Firefighter Certification# _____ |
| <input type="checkbox"/> GED/Diploma | |
| <input type="checkbox"/> DD-214 (if applicable) | |
| <input type="checkbox"/> Current CPR Card | <input type="checkbox"/> EMT-Basic/Paramedic Certification# _____ |
| <input type="checkbox"/> Social Security Card | |

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: _____