

APPLICATION FOR EMPLOYMENT



LaGrange Fire & Rescue

P.O. Box 463
PH: 440-365-0868

LaGrange, Ohio 44050
Fax: 440-365-5179



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Date of Application
-------------------------	---------------------

How Did You Learn About Us?

<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> FRIEND	<input type="checkbox"/> WALK IN
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER

Last Name	First Name	Middle Name
Address Number	Street	City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed by us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Date Employed		WORK PERFORMED
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
		Hourly Rate/Salary		
	Reason for Leaving			

2	Employer	Date Employed		WORK PERFORMED
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
		Hourly Rate/Salary		
	Reason for Leaving			

3	Employer	Date Employed		WORK PERFORMED
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
		Hourly Rate/Salary		
	Reason for Leaving			

4	Employer	Date Employed		WORK PERFORMED
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
		Hourly Rate/Salary		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, nation origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

CRT
 PC
 Calculator
 Typewriter

Fax
 Lotus 123
 PBX System
 Wordperfect

Production/Mobile
Machinery (list)

Other (list):

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

YES NO

References

1	_____ () _____
	(NAME) (TELEPHONE)

	(ADDRESS)
2	_____ () _____
	(NAME) (TELEPHONE)

	(ADDRESS)
3	_____ () _____
	(NAME) (TELEPHONE)

	(ADDRESS)

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job-related training received in the United States military.

SUPPLEMENTAL DATA

This portion of your application will be detached and maintained separately. It will be used only when the information is relevant to your application. If employed this information will not become part of your permanent employment record.

Last Name	First Name	M.I.	Social Security Number
-----------	------------	------	------------------------

Have you ever been convicted of a felony or convicted of a lesser crime within the last five years? Do not include arrests without conviction charges, expunged, convictions adjudged "youthful offender" or "juvenile", or convictions for minor traffic violations.

Yes No

If yes, please briefly describe the circumstances of your conviction and your name at that time; indicating the date, nature, place of the offense, and disposition of the case including any rehabilitation. Your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense.

Signature _____ Date _____

The following applicant information is requested for the purpose of preparing periodic reports to the government or other recordkeeping in connection with government requirements. We encourage you to complete this section, but your employment prospects will not be adversely affected should you choose not to provide this information. This portion of the employment application will not become part of your applicant or employment file.

Veteran Status (Refer to definition below - Check one)		
A. <input type="checkbox"/> Non-veteran	C. <input type="checkbox"/> Veteran of the Vietnam era - disabled a/ b/	E. <input type="checkbox"/> Veteran not of the Vietnam era - disabled a/
B. <input type="checkbox"/> Veteran of the Vietnam era - not disabled b/	D. <input type="checkbox"/> Veteran not of the Vietnam era - not disabled	F. <input type="checkbox"/> Individual does not wish to identify veteran/disabled veteran status
Handicap Status (Refer to definition below - Check one)		
A. <input type="checkbox"/> Handicapped individual c/	B. <input type="checkbox"/> Not handicapped	C. <input type="checkbox"/> Individual does not wish to identify handicap status
Sex/Race-Ethnic (Refer to definition below - Check one)		
1 <input type="checkbox"/> White d/ Male 3 <input type="checkbox"/> White d/ Female 7 <input type="checkbox"/> Hispanic g/ Male 8 <input type="checkbox"/> Hispanic g/ Female	2 <input type="checkbox"/> Black e/ Male 4 <input type="checkbox"/> Black e/ Female 0 <input type="checkbox"/> American Indian or Alaskan Native h/ Male 9 <input type="checkbox"/> American Indian or Alaskan Native h/ Female	5 <input type="checkbox"/> Asian or Pacific Islander i/ Male 6 <input type="checkbox"/> Asian or Pacific Islander i/ Female

DEFINITIONS

- a/ **Disabled Veteran:** (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the U.S. Veterans Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap or (B) a person who was discharged or released from active U.S. Military duty because of a service-connected disability.
- b/ **Vietnam Era Veteran:** A veteran, any part of whose active U.S. military, naval or air service was during the period August 5, 1964 through May 7, 1975, who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.
- c/ **Handicapped:** A person who has a physical or mental impairment OTHER THAN A TEMPORARY IMPAIRMENT, which substantially limits one or more of his/her major life activities to as to likely cause difficulty with respect to employment opportunities, is regarded as having such an impairment or has a record of such impairment.
- d/ **White:** A person having origin in any of the original peoples of Europe, North Africa, or the Middle East, and not specifically included in another group.
- e/ **Black:** A person having origin in any of the black racial groups.
- f/ **Asian or Pacific Islander:** A person having origin in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Sub continent. This area includes for example: China, Japan, Korea, India, the Philippine Islands, or Samoa, Pakistan, Nepal, Sikkim, Bhutan, Bangladesh and Sri Lanka.
- g/ **Hispanic:** A person of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- h/ **American Indian or Alaskan Native:** A person having origin in any of the original people of North America.

CAEXCELVCORMSUPJOB

RELEASE OF INFORMATION

I, _____, maiden name _____, hereby request any law enforcement agency, governmental agency, bureau of motor vehicles, military agency, or past employer to release to The County of Lorain, upon their request a copy of any report, document, record, criminal record, medical history, or other information regarding my character, integrity and reputation. Further, I do hereby agree that a photocopy hereof may be used with the same effect as though it were the original.

Signature _____

Driver's License Number _____

Address _____

City, State, Zip _____

Date of Birth * _____

Social Security Number _____

Telephone Number(s) _____

*Date of Birth is optional, however, if lack of a date of birth prevents Lorain County from obtaining a creditable background check your opportunity for employment could be affected.

PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING AUTHORIZATION FORM

I understand that all applicants of this company must be tested for controlled substances as a pre-condition for employment.

I authorize the test provider to the drugs-of-abuse urine collection and its testing.

I understand that a minimum detectable level (zero tolerance) for controlled substance(s) will disqualify me for a position with this Employer.

The review officer will maintain the results of my controlled substance test results and will be forwarded to the Employer. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name [Please PRINT.]

Date

Applicant's Signature



Ohio Department of Public Safety
 Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? <input type="checkbox"/> Yes <input type="checkbox"/> No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X

Signature

Date