



Employment Application

3780 Little York Road, Dayton, OH 45414 www.butlertownship.com

Butler Township is an Equal Opportunity Employer. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position (s) Applied For: _____ Date of Application: _____

☐ Fire

☐ EMS

☐ Both

Personal Information

Also see Attachment A

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Volunteer

Name: _____
(Last) (First) (Middle)

Address: _____
(Street and/or P.O. Box)

(City)

(State)

(Zip Code)

Telephone Number(s): _____
(Home) (Cell) (Work)

Driver's License Number: _____ Class _____ State _____

Are you at least 18 years of age? ☐ yes ☐ no

Have you ever been employed by Butler Township? ☐ yes ☐ no

If yes, give department and date _____

Do you have any relatives employed by the township? ☐ yes ☐ no

If yes, who and what department do they work for? _____

Are you legally eligible for employment in the United States? ☐ yes ☐ no

Date available for work: ____/____/____

Are you currently employed? ☐ yes ☐ no

If yes, may we contact your employer? ☐ yes ☐ no

Have you been convicted of a misdemeanor? ☐ yes ☐ no

If yes, provide explanation: _____

Have you been convicted of a felony? ☐ yes ☐ no

If yes, provide explanation: _____

Employment Experience

Start with your current or most recent job through the last ten years. Attach additional pages if necessary. All sections must be completed.

Please describe the duties you have performed which demonstrate the knowledge, skills and abilities to perform the duties of which you are applying.

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (<i>Street, City, State, Zip</i>)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (<i>Street, City, State, Zip</i>)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (<i>Street, City, State, Zip</i>)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Education

Do you have a high school diploma, GED Certificate or equivalent?

☐

yes

☐

no

College	City, State	Course of Study	Years Completed	Degree
Graduate School	City, State	Course of Study	Years Completed	Degree
Other (please specify military, business, trade)	City, State	Course of Study	Years Completed	Degree or Certificate Earned

Training and Other Qualifications

Please list any training which you have received which may be relevant to the position for which you are applying.

See attached checklist (Attachment B) for specialized fire/EMS skills. DO NOT attach copies of certifications, credentials, or training certificates at this time.

Additional Information

Specialized Skills: Check any of the following that you are proficient in

☐ Computer Software _____

☐ Ohio Peace Officer Certified

☐ Office Equipment _____

☐ CDL

☐ Heavy Equipment _____

☐ Typing _____ wpm

Ohio Certifications: # _____ Expiration Date: _____

Indicate your level of certification

EMS: _____ EMT _____ Advanced EMT _____ Paramedic

FIRE: _____ Level I _____ Level II

Inspector: _____ Yes _____ No

References

Persons not related to you

1. _____
(Name) (Address) (Phone Number)
2. _____
(Name) (Address) (Phone Number)
3. _____
(Name) (Address) (Phone Number)

By my signature below, I certify that all answers given in this application are true and complete. I understand that if any information in this application is found to be false or intentionally misleading or excluded, I may be ineligible for further consideration, or if already employed, my employment may be terminated.

I understand that if I am selected for employment, my employment is conditioned upon passing a pre-employment physical, drug test, and criminal background check.

Information discovered during the background process is subject to public records release as allowed by law.

I understand that if I am employed, based on my position, I may be required to work evening shift, night shift, weekends and/or be on-call and be required to work mandatory overtime.

I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with Butler Township, my continued employment is conditioned upon my maintaining the operator's license required for such position.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____

Date: _____

Print Name: _____



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Permission to release information for background evaluation

I hereby give my permission for authorized representatives of Butler Township to conduct an investigation/inquiry of my background, including education, employment, credit, military record and any other factors which representatives may deem proper and necessary subjects of investigation/inquiry in order to properly assess my character, reputation and background in connection with my application for employment with the Butler Township.

I give my permission for any person, business or institution contacted in the course of such investigation/inquiry to release any and all information properly requested, and copies of same if requested, and do hereby release any such person, business or institution for all liability for providing correct, documented and truthful information.

(Applicant Signature)

(Date)

(Print Name)

(Witness Signature)

(Date)

(Print Name)

Attachment A: Residential and Military History

List your residential history for the last 10 years starting with the most recent

[illegible]**Military Service Information:**

Include all military service dates, attach additional pages if needed

Branch of Service:		Serial Number:	
Military Active Duty Dates:		From:	To:
Highest Rank Held:			
Type of Separation per DD214:			
Total Months of Combat Duty:		Total Months Overseas Duty:	
Military Reserve Status:	Ready:	Standby:	None:

Attachment B: Additional Certifications / Credentials

If applicable, indicate when (mm/dd/yyyy) the credential was acquired

Specialized Fire/EMS skills / credentials			
Date:		Date:	
CPR Certification (AHA,ARC,ASHI):		Hazardous Materials Tech:	
ACLS Certification (AHA,ASHI):		GMVEMSC Standing Orders:	
Technical Rescue			
Date		Date	
Rope Rescue Level 1:		Rope Rescue Level 2:	
Swift Water Level 1:		Swift Water Level 2:	
Trench Rescue Level 1:		Trench Rescue Level 2	
Confined space Level 1:		Confined Space Level 2	
Structural Collapse Ops:			
Instructor			
Date:		Date:	
EMS Instructor:		Fire Instructor:	
CPR Instructor:		Fire Inspector Instructor:	
ACLS Instructor:			
Degree			
Date:		Date:	
Associates Degree:		Bachelor's Degree:	