



# GREEN TOWNSHIP FIRE & EMS

Scott G. Souders, Fire & EMS Chief

6303 Harrison Avenue, Cincinnati, OH 45247 ■ Phone: (513) 574-0474 ■ Fax: (513) 574-8607  
E-mail: [fire@greentwp.org](mailto:fire@greentwp.org) ■ Website: [www.greentwp.org](http://www.greentwp.org)

## EMPLOYMENT APPLICATION 23-1

Green Township is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, disability, sexual orientation, or any other legally protected status or physical handicap, provided the physical handicap does not interfere with job performance.

### PLEASE TYPE OR PRINT LEGIBLY IN INK

#### PERSONAL INFORMATION:

NAME \_\_\_\_\_  
(Last) (First) (Middle)

CURRENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

PREVIOUS ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE NUMBERS \_\_\_\_\_  
(Home) (Work) (Mobile)

E-MAIL ADDRESS \_\_\_\_\_ (Please be clear, we utilize email as primary communication method)

APPLICATION DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**PHYSICAL RECORD:** Do you have any physical condition that may limit your ability to perform the job applied for without significant hazard?  Yes  No (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

Are you employed now?  Yes  No - If yes, may we inquire of your present employer?  Yes  No

Have you ever applied to Green Township before?  Yes  No (If so, when?) \_\_\_\_\_

Do you have a valid Ohio Driver's License?  Yes  No - If yes, please provide license # \_\_\_\_\_

Do you have a valid Driver's License from another state?  Yes  No - If yes, license # and state \_\_\_\_\_

#### EDUCATION:

LEVEL	Name & Location of School	Years Attended	Did You Graduate?		Subjects Studied & Degree(s) Received
			YES	NO	
High School					
College					
Graduate School					

**WORK EXPERIENCE:** (Current and Previous)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

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Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

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Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

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**REFERENCES:** Please provide the names of three (non-related) individuals whom you have known at least three years.

Name	Address	Work/Home/Cell	How Acquainted	Years Acquainted

**OTHER CERTIFICATIONS, SKILLS AND ABILITIES:**

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**REMARKS:** Use this space for any further information necessary to explain any items on this application, and/or to list other experiences that will be helpful in evaluating your application, such as unpaid job-related volunteer work, hobbies and/or vocations. (Attach an additional sheet if needed).

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## EMPLOYEE APPLICATION ADDENDUM

Please complete and return this form along with a *copy* of the following applicable documents when returning the application.

- Firefighter MILE physical ability exam or equivalent
- Driver's License
- Ohio Firefighter Certification (Firefighter 1 minimum, Firefighter 2 preferred)
- NIMS – IS100
- NIMS – IS700
- Ohio EMT Certification (EMT minimum, Paramedic preferred)
- Current ACLS Certification
- One (1) of the following: Social Security card, birth certificate or passport
- Specialty Certifications (Fire Service Inspector, Car Seat Technician)

## APPLICANT'S CERTIFICATE AND RELEASE

### (READ CAREFULLY BEFORE SIGNING)

I authorize investigation of all statements contained in this application. I hereby certify that to the best of my knowledge and belief all information provided by me in support of my application for employment made herein or attached is complete and accurate. I understand that misrepresentation and/or omissions of facts may be cause for rejection or dismissal. I hereby authorize any present or former employer, person, firm, corporation, government agency and/or their agents to answer any and all questions, to release or provide any information within their knowledge or records, and I agree to hold any and all of them blameless and free from any liability for releasing any truthful information that is within their knowledge or records. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without any previous notice.

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

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

Completed applications may be emailed (along with all requested documents) to Assistant Chief Godfrey at [cgodfrey@greentwp.org](mailto:cgodfrey@greentwp.org), or dropped off directly at fire headquarters, 6303 Harrison Ave., Cincinnati, Ohio 45247 during the hours of 8am-4pm Monday-Friday.