

# Application For Employment

BASIL JOINT FIRE DISTRICT  
410 EAST WASHINGTON ST.  
BALTIMORE, OH 43105  
(740) 862 - 8596

**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"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<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 with 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?

*Proof of citizenship or immigration status will be required upon employment.*

Yes  No

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?

*Conviction will not necessarily disqualify an applicant from employment.*

Yes  No

If Yes, please explain

\_\_\_\_\_

\_\_\_\_\_

## **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

### **Education**

\_\_\_\_\_

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

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.

---



---

## Employment Experience

---



---

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

1.	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
Reason for Leaving					

4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
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, national 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**

		Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX Systems	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

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.**

---

## References

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

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____
Position(s) Considered For:	_____
	_____ Date: _____

**NOTES:**

## Applicant's Statement

---

---

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

---

---

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview [ ] Yes [ ] No

Remarks

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

INTERVIEWER DATE

Employed [ ] Yes [ ] No

Date of Employment

Hourly Rate/  
Salary

Department

Job Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.