



**MIAMI**  
TOWNSHIP  
**FIRE & EMS**

# PART-TIME APPLICATION

All applications shall be completed electronically.

**Hand-written applications will not be accepted.**

Applications may be returned:

1. In-person or by mail to 5888 McPicken Drive, Milford, Ohio 45150. Address to  
Captain Burroughs
2. Email to [rita.burroughs@miamitwpoh.gov](mailto:rita.burroughs@miamitwpoh.gov)

# MIAMI TOWNSHIP FIRE & EMS

## SCHEDULING

By state law, part-time employees may work a **Maximum of 1,500 Hours** per year.

Part-time employees are required to work a set-shift. Please select the set-shift(s) you would like to work in order of preference. Begin with #1 and continue as needed.

Every third day,      07:00-19:00 or      19:00-07:00 hours (1,440 hours per year)

Every sixth day, 07:00-07:00 hours (1,440 hours per year)

Set day each week, 07:00-07:00 hours (1,440 hours per year)

Preferred Day

Every sixth day,      07:00-19:00 or      19:00-07:00 hours (720 hours per year)

Every twelfth day, 07:00-07:00 hours (720 hours per year)

Set day each week,      07:00-19:00 or      19:00-07:00 hours (720 hours per year).

Preferred Day

Please select the shift you would like to work in order of preference. Begin with #1 and continue as needed.

Shift 1

Shift 2

Shift 3

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

*If Yes, You Will Need To Provide Proof And Dates When Hired*

### *If Yes, You Will Need To Provide Proof And Dates When Hired*

**COPIES OF THE FOLLOWING DOCUMENTS / INFORMATION  
MUST BE INCLUDED WITH YOUR APPLICATION**

**Please Check-Off Items To Ensure Inclusion**

\_\_\_\_ Driver's License

\_\_\_ Ohio firefighter certification card

Ohio EMS certification card

**Please Include Copies Of The Following Cards Or Certificates If You Have Them:**

\_\_\_\_ Specialty cards (i.e. PALS, BTLS, Fire Service Inspector and/or Instructor)

## Haz-Mat certifications

\_\_\_\_ ICS-100, IS-200, IS-300, IS-400, IS-700, and IS-800 course certificates

***PLEASE PRINT:***

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Once Your Application Has Been Processed, You Will Be Notified Of Upcoming Dates For The Physical Ability And Written Tests**



# Miami Township Fire & EMS Application For Employment

App Rcvd \_\_\_\_\_  
Cond Offer \_\_\_\_\_ Accept? \_\_\_\_\_  
Final Offer \_\_\_\_\_ Accept? \_\_\_\_\_

*Please Print*

Position Applied For		Date of Application	
Last Name		First Name	Middle Name
Address <i>Number &amp; Street</i>		City	State <i>Zip Code</i>
Telephone Numbers ( <i>Home, Cell, Work</i> )			
<i>Home</i>		<i>Work</i>	<i>Cell</i>
Social Security Number		E-Mail	

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 related to any current Township employee(s) or elected official(s)?

☐ Yes    ☐ No

If Yes, give name(s):

\_\_\_\_\_

If hired, are you willing to work overtime?

☐ Yes    ☐ No

Are you currently employed?

☐ Yes    ☐ No

May we contact your present employer?

☐ Yes    ☐ No

On what date would you be available for work?

\_\_\_\_\_

Do you have a valid Ohio driver's license?

☐ Yes    ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes    ☐ No

Can you provide required proof of your eligibility to work?

☐ Yes    ☐ No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes    ☐ No

Have you ever been discharged from a job?

☐ Yes    ☐ No

*Discharge will not necessarily disqualify an applicant from employment*

***We Are An Equal Opportunity Employer***

# Education

	High School or GED					College / University					Other (Specify)				
School Name and Location															
Years Completed	9	10	11	12		1	2	3	4		1	2	3	4	
Diploma / Degree / Certificate															
Describe Course of Study															
Describe Any Honors Received															

Fire and EMS Related Training				<i>Please Attach Copies of Certification Cards to Application</i>			
EMT	Year Completed:	Certification Number:	Institution / Location:				
Paramedic	Year Completed:	Certification Number:	Institution / Location:				
Firefighter 1	Year Completed:	Certification Number:	Institution / Location:				
Firefighter 2	Year Completed:	Certification Number:	Institution / Location:				
Fire Inspector	Year Completed:	Certification Number:	Institution / Location:				
Instructor	Year Completed:	Certification Number:	Institution / Location:				

Describe any other specialized training or qualifications you have relating to the position applied for

Describe any computer skills you possess, including software and hardware experience:

Foreign language skills and/or knowledge, including American Sign Language:			
Language:	Ability Level:		
	Speak	Read	Write
	Speak	Read	Write
	Speak	Read	Write

# Employment Experience

Start with your present or last job. List ALL employers for the last 5 years. Include any job-related military service assignments and volunteer activities. If needed, additional employment information can be listed on Page 8 of this application.

1.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If there are any employers listed above whom you do not wish contacted, briefly explain why:

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## References

Give name, address and telephone number of three references who are not related to you and are not previous employers

1.	
2.	
3.	

**Miami Township considers 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. We are an Equal Opportunity Employer.**

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### **In Case Of Emergency, Notify:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### **Applicant's Statement**

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize you to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. I release Miami Township, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.

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

\_\_\_\_\_  
Date

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### **Background Inquiry Release**

In connection with, and for the duration of my employment (including contract for services) with **Miami Township**, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. This also may be used to request workers compensation records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY THIS AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth\*

\* Date of Birth is being requested in order to obtain accurate retrieval of records.

## Additional Employment Experience

5.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Employer		Dates Employed		Describe Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	