

Malta & McConnellsville Fire Department
Division of Emergency Medical Services

Application for Employment

Thank you for your interest in our fire department. We are a growing department who accepts applications on a continuous basis. Please fill-out the application in its entirety. If any blank does not apply to you, please fill-in the space with "N/A." All applications will remain on file for a period of 1 year. In order to apply with this department, you must meet ALL of the following criteria:

Valid Ohio Driver's License	18 years of age or older	High School Diploma or GED
All certifications for EMS		

Failure to provide any of the required items above will result in the dismissal of your application. Once again, thank you for interest in us.

The M&M Fire Department Trustee's

Date:					
Name:					
Address:					
City/Village					
State/Province:					
Zip/Postal Code:					
Home Phone:					
Cell Phone:					
Position Applying for:	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Salary Desired:					
Hours Available to Work:	Mon		Fri		
	Tues		Sat		
	Wed		Sun		
	Thurs				
When available to begin work?					

Education			
Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			
Have you ever been convicted of a crime?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain			
Level of Training		Certification Number	
<input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Paramedic			
Do you have a driver's license?		Driver's License # & State	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you had any accidents in the past 3 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		How many?	
Do you have any moving violations in the past 3 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		How many	

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Previous Employment (list up to 3)		1
Name of Employer:		
Name of last supervisor:		
Dates of employment:		
Salary:		
Complete Address:		
Phone #:		
Last job title:		
Reason for Leaving (be specific):		
May we contact your employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous Employment (list up to 3)		2
Name of Employer:		
Name of last supervisor:		
Dates of employment:		
Salary:		
Complete Address:		
Phone #:		
Last job title:		
Reason for Leaving (be specific):		
May we contact your employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous Employment (list up to 3)		3
Name of Employer:		
Name of last supervisor:		
Dates of employment:		
Salary:		
Complete Address:		
Phone #:		
Last job title:		
Reason for Leaving (be specific):		
May we contact your employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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References (list 2 other than relatives and previous employers)	
Name	
Position	
Company	
Telephone	
Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:	

Please fax or email this application and other information. Do not send any certificates of continuing education classes.

Email: mm.fire@yahoo.com

Fax: [740.962.4798](tel:740.962.4798)

I hereby declare that the information in this application is true to the best of my knowledge. I also understand that the information may be released only to the designated authorities for evaluation purposes. I hereby give permission to the chief, trustee's and/or squad lieutenant to investigate my background.

Signature

Date