



## **UNION TOWNSHIP FIRE DEPARTMENT**

**Chief Stanley G. Deimling**

860 Clough Pike  
Cincinnati, Ohio 45245  
(513) 528-4446  
Fax - (513) 528-4953



### **Career Firefighter/Paramedic**

*UNION TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER*

Union Township, Clermont County is accepting applications for full-time Firefighter/Paramedic position(s).

Minimum Qualifications at time of hire:

- Ohio Firefighter II and EMT-P (Paramedic Students Welcome to Apply)
- Must possess a valid driver's license
- Must possess a high school diploma or equivalent

Applications may be obtained and submitted at the fire station located at 860 Clough Pike, Monday through Friday, 8 am to 4 pm. You may also download the [application](#) and return it to Assistant Chief Fyffe at [mfyffe@union-township.oh.us](mailto:mfyffe@union-township.oh.us). Applications will be accepted until positions are filled. A resume must also be submitted in order to be considered for employment.



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## APPLICATION FOR EMPLOYMENT

UNION TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER

Today's Date \_\_\_\_\_

Name	Last	First	M.I.	Social Security Number
Present address	City		State	Zip code
How long have you lived at your present address? _____ yrs. _____ mos.	Home phone number		Alternate phone number	
Are you a US citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you 21 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you legally eligible for employment in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Position applying for:				
<input type="checkbox"/> FF/Medic – FT <input type="checkbox"/> FF/Medic – Part-Time <input type="checkbox"/> Civilian (Clerical, Administrative Assistant) <input type="checkbox"/> Other _____				

### Education

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	LAST GRADE COMPLETED	COURSE OF STUDY	DATES	DEGREE OR DIPLOMA
ELEMENTARY			N/A		
HIGH SCHOOL					
COLLEGE					
FIRE/EMS					
Are you continuing your education? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, please indicate how					
Scholastic honors or scholarships received					

## Employment History

Please list all employment, starting with present or most recent employer.  
Account for all periods, including all unemployment or time not spent in school or military service.

<b>1</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
	Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	Job Title	Reason for leaving
	Describe type of business and duties:		

<b>2</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
	Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Job Title	Reason for leaving
	Describe type of business and duties:		

<b>3</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
	Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Job Title	Reason for leaving
	Describe type of business and duties:		

<b>4</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
	Final salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Job Title	Reason for leaving
	Describe type of business and duties:		

Continued on next page

### Employment History (cont.)

<b>5</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
Final salary \$	Job Title	Reason for Leaving	
<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Describe type of business and duties:			

<b>6</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
Final salary \$	Job Title	Reason for leaving	
<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Describe type of business and duties:			

<b>7</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
Final salary \$	Job Title	Reason for leaving	
<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Describe type of business and duties:			

<b>8</b>	Name and address of employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Dates of employment	Phone number	Supervisor name and title
Final salary \$	Job Title	Reason for leaving	
<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Describe type of business and duties:			

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience.

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

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain:

### Previous Address(s)

Starting with your present address, list ALL addresses where you have lived for the past ten (10) years. Include your address while in military service.				
Dates	Street Address	City	County	State

I certify that the above information is true to the best of my knowledge.

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

**REFERENCES (Do not list persons related to you)**

<b>1</b>	Name		Phone Number
	Address	City	State/Zip
	Relationship		

<b>2</b>	Name		Phone Number
	Address	City	State/Zip
	Relationship		

<b>3</b>	Name		Phone Number
	Address	City	State/Zip
	Relationship		

<b>4</b>	Name		Phone Number
	Address	City	State/Zip
	Relationship		

<b>5</b>	Name		Phone Number
	Address	City	State/Zip
	Relationship		

**I certify that the above information is true to the best of my knowledge.**

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

# **EMPLOYMENT APPLICATION and PERSONAL HISTORY QUESTIONNAIRE**

## **Instruction and Reminder**

There are legal obligations to complete this Employment Application and Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert "DNA" (Does not Apply) in the proper blank. You may add additional sheets if more space is needed.

Please be aware that ALL information is subject to verification via home visits, source documentation, polygraph (truth verification) examination in which questions will be derived from this application booklet and a pre-screening polygraph booklet. Be fully truthful and do not evade questions. The Ohio Revised Code (ORC) provides penalties for making false statements of a material fact or for practicing fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

**PERSONAL HISTORY QUESTIONNAIRE**  
**Explanation of the Purpose and Use**

Thank you for taking the time and thoughtful effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and the objective, professional manner in which we will treat the information you provide.

We want you to consider the Personal History Questionnaire as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as one of the bases for our appraisal of the “goodness of fit” between you and the position for which you are applying. Other bases are your physical ability and health, your self-presentation in interviews, a polygraph (lie detector) examination, and a psychological examination.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully, and thoughtfully. There are many opportunities within the form for you to offer an explanation of facts and/or circumstances.

We will take an overview of the information you provide and treat it in a “profile” manner which enables us to make judgments about your background as well as analyze specific areas. Using a full scope of information, we can evaluate the overall balance of your strengths and limitations so that our conclusions about your eligibility are not unduly influenced by narrow or isolated bits of information.

Our profile approach to your background leads us to look at the balance of factors in the following areas:

- I. Financial Status**
- II. Moving Traffic Violations**
- III. Memberships in Organizations Conspiring and/or Advocating Use of Violence or Illegal Activity**
- IV. Prior Applications for a Position with any Fire or Police Department**

In analyzing your background in the various profiled areas, we are looking for evidence of your sense of responsibility, self-discipline, emotional maturity, and the ability to exercise good judgment as you meet the demands of living in our contemporary society.

Please feel free to ask any questions you may have about the instructions for completing this Personal History Questionnaire. We have personnel available to ensure that you understand the instructions. However, the personnel cannot answer how your responses to the questions will be interpreted.

Please acknowledge your reading and fully understanding of the **Employment Application** and the **Explanation of the Personal History Questionnaire** by signing in the space below.

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

**I. Financial Status**

**Indebtedness** (Check as many as apply today)

- own                                       rent/lease                       living with parents
- living with other                       other

All yes answers require an explanation (use additional sheet if necessary)

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had your wages attached or garnished?<br>If yes, when _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a defendant in small claims court?<br>If yes, explain _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any civil action pending against you?<br>If yes, explain _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for bankruptcy or been declared bankrupt?<br>If yes, When _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been declared delinquent in child support payments<br>ordered by the court?<br>If yes, explain _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been refused credit?<br>If yes, explain _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had property repossessed?<br>If yes, explain _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you owe past taxes?<br>If yes, explain _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you written checks within the last twelve (12) months that you knew<br>would be returned for insufficient funds but wrote them anyway?<br>If yes, how many _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you skipped paying bills or debts on time?<br>If yes, explain all occurrences _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any of your bills in the hands of a bill collection agency?<br>If yes, explain _____  |

**I certify that the above information is true to the best of my knowledge.**

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

**Financial Status (cont)**

Obligation	Company (name, city, state)	Amount owed / overdue/ past due
Home Loan		
Personal Loan		
Auto Loan #1		
Auto Loan #2		
Finance Co.		
Finance Co.		
Mastercard		
VISA		
Department Store		
Department Store		
Credit Union		
Obligation	Court of Jurisdiction	
Child Support		
Child Support		
Chapter 13		
Bankruptcy		
Small Claims		
FRA (traffic)		
Civil Suits		
Alimony		

- Yes**    **No**  
        Do you have a personal checking account?  
 If yes, institution name \_\_\_\_\_
- Do you have a personal savings account?  
 If yes, institution name \_\_\_\_\_

**I certify that the above information is true to the best of my knowledge.**

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

## II. Moving Traffic Violations

List the number of Moving Violations you have had since age 16.

Offense	Number	Ohio	Non- Ohio
D.U.I.			
Speed			
Driving w/o License			
Reckless Driving			
Driving Under Suspension			
Other			

**I certify that the above information is true to the best of my knowledge.**

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



**IV. Prior Applications**

YES    NO

       Have you ever applied for any Fire, EMS, or Police positions in any department in The US?

If yes, please list.

Date	Department	Position	Hired?

**I certify that the above information is true to the best of my knowledge.**

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

## CERTIFICATION OF AUTHENTICITY

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS APPLICATION/QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS MADE ON THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

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



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Dear Sir,

I, \_\_\_\_\_, permit any authorized representative of the UNION TOWNSHIP FIRE DEPARTMENT, Clermont County, Ohio, bearing this release, or copy thereof, within one (1) year of it's date, to obtain any information in your files pertaining to employment, including personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of Employment Investigation.

I hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



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**DRIVING RECORD INFORMATION SHEET**

**NAME:** \_\_\_\_\_

**S.S.N.#:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR VALID DRIVER'S LICENSE AND CERTIFICATIONS ALONG WITH THIS APPLICATION.**



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**EMPLOYEE APPLICATION CARD**

**FOR FULL-TIME FIREFIGHTER PARAMEDIC**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**CERTIFICATIONS**

OHIO LEVEL II FIREFIGHTER CERTIFIED: YES \_\_\_\_\_ NO: \_\_\_\_\_

DATE CERTIFIED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

OHIO EMT-P: YES \_\_\_\_\_ NO: \_\_\_\_\_

DATE CERTIFIED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_