



WESTERN RESERVE JOINT FIRE DISTRICT

Chief David C. Comstock, Jr.
111 S. Main Street • Poland, OH 44514

Phone: 330-757-8268
Fax: 330-757-1374

OFFICE USE ONLY- Date Application Submitted: _____ Received By: _____

Application for Employment
Western Reserve Joint Fire District is an Equal Opportunity Employer

Name: _____

Address: _____

Phone # : _____ Valid e-mail address: _____

Are you a U.S. Citizen or otherwise eligible to work in the United States? ___Yes ___No

Social Security Number: _____ - _____ - _____

Driver's License #: _____ State: _____ Expiration Date: _____

Do you have any relatives employed by or previously employed by Western Reserve Joint Fire District?
___Yes ___No If yes, who? _____

	School Name and Address	Did you graduate?	Degree/Certification earned
High School			
College			
Trade School			
Undergraduate			
Graduate			
Other			

Use the space below for an explanation of skills or specialized training you have that are related to the position. (For example: HazMat certification, Fire Safety Inspector, Fire Instructor, etc.)

References

(NO MORE THAN 3 CAN BE FROM FIRE/EMS)

Name	Address	Phone #	Relationship

Employment History

ATTACH A COPY OF CURRENT RESUME / CV

Present or Last Position

Employer Name and Address: _____

Phone # : _____ Length of Employment: From _____ To _____

May we contact your present employer for a reference? ___ Yes ___ No

Job duties/responsibilities:

Reason for leaving:

Previous Positions in last 5 years

Employer Name and Address: _____

Phone # : _____ Length of Employment: From _____ To _____

May we contact this employer for a reference? ___ Yes ___ No

Job duties/responsibilities:

Reason for leaving:

Previous Position

Employer Name and Address: _____

Phone # : _____ Length of Employment: From _____ To _____

May we contact this employer for a reference? ___ Yes ___ No

Job duties/responsibilities:

Reason for leaving:

(Add additional sheet if necessary)

Military Service (OPTIONAL)

ATTACH A COPY OF DD-214

Have you served in the U.S. Armed Forces? ___ Yes ___ No

If yes, Branch of Service: _____ From: _____ To: _____

Please detail any unique trade skills, experience, knowledge you possess that may be used in your employment with the District.

Can you perform the essential functions of the job and training of the Western Reserve Joint Fire District with or without reasonable accommodation? ___Yes___No

How did you hear about this opportunity? Check all that apply:

- ___ WRJFD Recruitment Team
- ___ WRJFD Website
- ___ Social Media
- ___ Community Group
- ___ Family/Friend
- ___ WRJFD Employee
- ___ News Media
- ___ Other: _____

Please provide the number of hours you are available to work:

Day	Morning	Afternoon	Evening	Overnight
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

NOTICE: Pursuant to R.C. 9.73 The District is providing notice that a previous felony conviction including certain driving offenses may disqualify an applicant for employment.

Applicant Signature: _____

Applicant Name (Print): _____

Date: _____

READ CAREFULLY, AND SIGN THE FOLLOWING STATEMENTS:

I, _____ authorize the Western Reserve Joint Fire District, to make a complete background check on me, including driving record, criminal background and Social Security Fraud Check. I also authorize Western Reserve Joint Fire District to check my employment record, educational record, and any other records the department deems necessary at any time.

The District office will need copies of the following at the time of appointment:

- Photo of myself
- Copy of driver's license
- Copies of any/all certification
- Copies of any/all letters of recommendations

Signature

Date

I, _____, declare that all statements made by me on this application are true and correct to the best of my knowledge.

I understand that any false or misleading statements made on this petition shall be grounds for refusal and/or termination of employment.

Additionally, I understand that should I resign or be removed from employment for any reason, I will return any and all District property in my possession and will settle any outstanding debts I may have incurred to the District.

I also understand that if I fail to do the above, I will be held financially responsible for the cost of said equipment and whatever costs and/or fees may be incurred by WRJFD in attempting to collect the dept.

Signature

Date

Witnessed

Date