



City of Union Fire Department

118 N. Main St. Union, Ohio 45322

Chief Michael Blackwell

Phone: (937) 836-0912

Fax: (937) 836-2784

e-mail: mblackwell@ci.union.oh.us

Dear Applicant:

On Behalf of the City of Union Fire Department, I would like to thank you for your interest in becoming a member of the City of Union Fire Department. Please complete the application in as much detail as possible. When you return your application, you must include the following documentation if it applies:

- Copy of your Birth Certificate
- Copy of your high school transcript, GED Certificate or High School Diploma.
- Copy of any college transcripts
- Three (3) letters of recommendation
- Copy of your military service record, Form DD214

Your failure to complete the application or to provide the requested documentation may prevent any further processing of you as a candidate for employment. After you complete your application packet, please return it to the City of Union Fire Department.

Our selection process includes the ability to successfully pass:

- A written entry-level examination
- A psychological examination
- A background investigation including a pre-employment polygraph examination and a drug screen.
- An oral interview process
- A pre-employment physical examination

The entire selection process may take from one to several months, depending on operational need. Please direct any questions about the selection process to Captain Marvin at 937-836-8624.

Thank you again for your interest in the City of Union Fire Department.

Sincerely,

Michael J. Blackwell
Public Safety Director



City of Union Fire Department

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POLICY STATEMENT

The employment selection process for the City of Union Fire Department includes a written entry level examination, a psychological examination, and a thorough background investigation including a polygraph examination and drug screen. All information reported on your application will be verified during the polygraph examination. The selection process also includes an oral interview process and a pre-employment physical examination. It is the policy of the City of Union Fire Department not to exclude candidates from re-application, re-testing, re-consideration or re-evaluation. Candidates, over time, may acquire new knowledge, skills and/or abilities. Additionally, new job tasks and/or technologies may surface, selection components may change, and/or hiring freezes may preempt hiring for a period beyond the life of the prevailing eligibility list. Any or all of these events may be cause for re-testing and/or re-evaluation of candidates.

Reconsideration, re-evaluation and re-testing are subject to the following constraints:

- Candidates must observe a six (6) month waiting period before being eligible for re-testing.
- Candidates may retest the written, oral, and/or physical testing components only. The psychological testing component and background investigation are not eligible for re-testing or reconsideration.
- Candidates may retest a selection component one time only.

The Fire Chief may waive any of the above restrictions.

The City of Union Fire Department An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, gender, age, or disability. It is our intention that all qualified applicants will be given equal opportunity, and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. If a question does not apply to your particular circumstance, write "DNA" in the blank. When answering questions that require dates please insert the full date. Partial dates or partial month-year responses are unacceptable. You must provide complete address information. Partial address responses are unacceptable.

No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print.** In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code section 2921.13.

DISQUALIFYING CRITERIA

Candidates for employment are not eligible for employment consideration unless they meet high standards. Certain events may be grounds for disqualification and are contained herein. This is not to be construed as an inclusive list of reasons for disqualification or rejection.

DISQUALIFYING CRIMINAL CONDUCT:

1. **Felonies:** All applicants who have been convicted in a court of a felony or the attempt, conspiracy or solicitation of a felony, including but not limited to, treason, murder, voluntary manslaughter, rape, robbery, arson, burglary, kidnapping and any other felony that involves physical force or threat of physical force or crimes of dishonesty, will be disqualified.
2. **Misdemeanors:** All applicants who have been convicted of a misdemeanor offense in a court within five (5) years of the date of application may be disqualified. All applicants convicted of two (2) or more misdemeanors will be disqualified.
3. **Drugs (excluding marijuana):** Any use of prohibited substance or abuse of a controlled substance may be grounds for rejection. All applicants who have been convicted in court of the possession and/or sale of narcotics, dangerous drugs or hallucinogens or any other controlled substance or drug(s) of abuse that relates to job performance or an attempt, conspiracy or solicitation to commit such a criminal act, will be disqualified.
4. **Marijuana:** All applicants who have been convicted in court for the sale of marijuana, or an attempt, conspiracy or solicitation to commit such a criminal act will be disqualified. All applicants who have been convicted in court for the possession of marijuana may be disqualified. All applicants who have used marijuana during the selection process will be disqualified.
5. **Sex offenses and Acts of Violence:** All applicants who have been convicted in court of a sex offense as defined in chapter 2907 of the Ohio Revised Code, or an offense of causing or threatening bodily harm as defined in Chapter 2903 of the Ohio Revised Code, or an attempt, conspiracy or solicitation to commit such a criminal act, will be disqualified.

6. **Guns, Concealed weapons and Dangerous Ordinance:** Any applicant who have been convicted in any federal, state or municipal court of violating any gun control ordinance, carry any concealed weapon, or possession of any dangerous ordinance, may be disqualified. Any attempt to violate any law, statute, or regulation to the above may be grounds for rejection.
7. **Traffic Offenses:** All applicants who have been convicted in the last five (5) years in any court of competent jurisdiction of any of the following offenses will be disqualified: Driving while impaired by drug or alcohol, vehicular homicide, leaving the scene, reckless driving, or revocation or suspension of driving privileges on two (2) or more occasions. Any applicant currently under suspension or revocation of driving privileges will be disqualified. Any applicant with six (6) or more points on their current record may be disqualified. No applicant will be eligible for appointment as a sworn employee unless that person possesses a valid Ohio driver's license.

DISQUALIFYING EMPLOYMENT-RELATED CONDUCT:

1. All applicants who within five (5) years of the date of application have been discharged from previous employment for insubordination, serious misconduct on the job, unexcused absenteeism or tardiness, may be disqualified. All applicants who within the past five (5) years have been suspended, reprimanded, or disciplined for insubordination, misconduct on the job, unexcused absenteeism, tardiness, inefficiency, or neglect of duty on two (2) or more occasions, may be disqualified.
2. Pilferage or thefts of cash, goods or services from place of employment will be cause for disqualification.

MISCELLANEOUS DISQUALIFYING CONDUCT:

1. All applicants who have failed to obey or honor any judgments entered by a court of record, including, but not limited to, alimony or support payments, or have failed to pay a fine imposed by a court of record, may be disqualified.
2. All applicants who have been other than honorably discharged from the United States military service for reasons that are job related may be disqualified.
3. All applicants who have made any intentional false alarm to any police or fire agency may be disqualified.
4. Any applicant who is currently a member of any organization that advocates crime or the violent overthrow of the United States government will be disqualified.
5. All applicants who admit a current pattern of alcohol, drug abuse or illegal gambling within the past twenty-four (24) months will be disqualified (i.e., conduct that is predictable, repetitive or continuing activity).
6. All applicants who have made false statements regarding any material matter during the selection process or have omitted any requested material information on the questionnaire, or who have cheated during any portion of the selection process will be disqualified.
7. Any applicant who has paid or accepted a bribe or favor to cover or hide any criminal offense, or acted in any manner to prevent discovery and/or apprehension of any criminal by any duly constituted law enforcement agency, or was involved in any plan or attempt to accomplish any of the above, may be disqualified.
8. All applicants who admit during the selection process to committing any of these offenses listed above may be disqualified as though they had been convicted.

CITY OF UNION FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Print clearly. Use black ink. Press firmly and answer all questions.

1. Name: _____
Last First Middle
2. Address: _____
Street City County State Zip
3. Telephone Number: Home _____ Alternate: _____
4. Social Security Number: _____
5. A. Position for which you are applying: (Mark only one per application)
[] Fire Fighter II / EMT
[] Other, (specify) _____
B. Have you ever applied here before? Yes ___ No ___ If yes, when? _____
C. Were you ever employed here? Yes ___ No ___ If yes, when? _____
6. When will you be available for employment? _____
7. Are you 18 or over? Yes ___ No ___ Are you 21 or over? Yes ___ No ___
8. Do you meet the minimum qualifications for the classification for which you are applying?
9. Place of Birth: _____
City County State
10. A. Drivers License Number: _____ State: _____
B. Have you had your driver's license suspended or revoked? Yes ___ No ___
If yes, give details: _____
11. If hired, can you provide the documents to prove you are authorized to work in the United States? Yes ___ No ___
12. Have you ever been convicted of a crime for the violation of any law except minor traffic violations? Yes ___ No ___
If yes, give the following information:

Date	Conviction	Place	Current Status
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Date	Conviction	Place	Current Status
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NOTE: Certain convictions are not an automatic bar to employment- Each case is considered on its own merit.

13. MILITARY SERVICE INFORMATION

Branch of Service: _____ Highest Rank Achieved: _____

Job Title: _____ Duties: _____

Total Length of Service Time: _____ Reserve or National Guard Status: _____

14. FINANCIAL INFORMATION *(If yes, explain on last page)*

- ☐ Yes ☐ No Are you now delinquent in any financial obligation?
- ☐ Yes ☐ No Do your monthly bills exceed your take-home pay?
- ☐ Yes ☐ No Do you, your spouse or ex-spouses have any immediate civil action pending against you?
- ☐ Yes ☐ No If employed by the Union Fire Department do you anticipate any income other than your salary?
- ☐ Yes ☐ No Have you ever been refused a life, automobile, health, or other insurance policy?
- ☐ Yes ☐ No Have you ever been garnisheed, filed for bankruptcy, or been declared bankrupt?

15. WORK HISTORY

- ☐ Yes ☐ No Have you ever applied for a position with any law enforcement or other government agency?

Name of Department or Agency	Date Applied	Accepted		If No, give reason for rejection
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

- ☐ Yes ☐ No Have you ever been discharged or asked to resign from a job?
- If yes, explain:

16. EMPLOYMENT HISTORY

Account for *all* times for the past ten years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with present position or occupation. In addition, list any other qualifying experience prior to the last 10 years. (If you need more room, use a separate sheet of paper.) A resume is both welcomed and urged in addition to completion of this application. It will become an official part of the application, but may not be substituted for any part of this application.

A. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Title: _____ Duties: _____

Dates Employed: Month: _____, Year: _____ to Month: _____, Year: _____

Reason for Leaving: _____

May we contact? ☐ Yes ☐ No

B. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Title: _____ Duties: _____

Dates Employed: Month: _____, Year: _____ to Month: _____, Year: _____

Reason for Leaving: _____

May we contact? ☐ Yes ☐ No

C. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Title: _____ Duties: _____

Dates Employed: Month: _____, Year: _____ to Month: _____, Year: _____

Reason for Leaving: _____

May we contact? ☐ Yes ☐ No

D. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
Street
City
State
Zip

Supervisor's Name: _____ Telephone Number: _____

Title: _____ Duties: _____

Dates Employed: Month: _____, Year: _____ to Month: _____, Year: _____

Reason for Leaving: _____

May we contact? ____Yes ____ No

17. REFERENCES (*List a minimum of three references*)

A. Name: _____ Relationship: _____

Address: _____

Street	City	State	Zip

Phone: Home: (____) _____ Work: (____) _____

B. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Home: (____) _____ Work: (____) _____

C. Name: _____ Relationship: _____

Address: _____

Street	City	State	Zip
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Phone: Home: (____) _____ Work: (____) _____

D. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Home: (____) _____ Work: (____) _____

E. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Home: (____) _____ Work: (____) _____

18. EDUCATION

Are you currently enrolled in school? _____ Part or Full Time: _____
Name of Institution

High School or GED: _____ Name of High School: _____

Address: _____
Street City State Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: _____ Yes _____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

A. College: _____ Name of College: _____

Address: _____
Street City State Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: _____ Yes _____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

B. College: _____ Name of College: _____

Address: _____
Street City State Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: _____ Yes _____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

C. College: _____ Name of College: _____

Address: _____

Street	City	State	Zip

Street

City

State

Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: _____ Yes _____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

A. Military: _____ Name of Course: _____

Address: _____

Street	City	State	Zip

Street

City

State

Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: _____ Yes _____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

B. Military: _____ **Name of Course:** _____

Address: _____

Street	City	State	Zip

Street

City

State

Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: ____Yes ____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

Other: _____ Name of Course: _____

Address: _____

Street	City	State	Zip

Street

City

State

Zip

Dates Attended: Month: _____ Year: _____ to Month: _____, Year: _____

Number of Years Completed: _____ Did you Graduate?: _____ Yes _____ No

Course of Study: _____

Type of Degree, Credits Earned or other Documents Awarded: _____

19. GENERAL INFORMATION INQUIRY

NOTE: The following questions and answers will be verified through a thorough background investigation.

If the answer to any of the following is yes — it will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are necessary.

1. If it became necessary in the course of your duties to abandon a human life in order to save yourself, would you have any reluctance to do so because of religious or other beliefs?	YES	NO
2. Have you ever traveled outside the United States? (If yes, what countries?)	YES	NO
3. Have you ever been involved in an automobile accident?	YES	NO
4. Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that would be detrimental to performing your job?	YES	NO
5. Do you have any problem controlling your temper?	YES	NO
6. Do you have any problems because of gambling?	YES	NO
7. Do you drink alcohol?	YES	NO
8. Have you ever been involved in glue sniffing or used any other such chemical Agents, for the purpose of obtaining a state of intoxication?	YES	NO
9. Have you ever used any prescription drugs or any other drug for any purpose other than the purpose for which they were intended, or used any such drugs for an extended period of time without a prescription for any reason?	YES	NO
10. Have you ever used a hallucinogen? (Including marijuana)	YES	NO
11. Have you ever illegally used any narcotic drug at any time?	YES	NO
12. Have you knowingly bought or sold stolen property?	YES	NO
13. Have you ever filed for, or received, compensation, the amounts of which you were not entitled or eligible to receive?	YES	NO
14. Have you ever received compensation through any welfare services agency, i.e., A.D.C. or general assistance, to which you were not lawfully entitled to receive?	YES	NO
15. As an adult, have you ever stolen anything?	YES	NO
16. Have you ever been committed to any penal institution as a result of either a felony or a misdemeanor?	YES	NO
17. Are you presently under indictment or a defendant in any pending criminal or traffic charges?	YES	NO
18. Have you ever committed a felony for which you were never arrested or convicted?	YES	NO

20. CONTINUATION SHEET

NOTE: In using this section to explain or further add to answers, make reference to the particular section number, page number, and question number in the columns below before writing your answer. Your answers must be clear in meaning, explain all facets of the particular question. **CAUTION:** In signing the certificate on page 8, you are attesting to the validity of all answers noted within this continuation, as well as all areas of this questionnaire. Should you require further space, attach an 8½ x 11 inch sheet of plain paper and affix your signature to the page.

[illegible]

Section / Page and
Question Number

Continuation

[illegible]



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118 N. Main St. Union, Ohio 45322

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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation, and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand I will be required to successfully pass a drug-screening examination. I hereby consent to a pre- and / or post-employment drug screen as a condition of my employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant: _____

Print Name: _____

Date: _____



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THE CITY OF UNION FIRE DEPARTMENT UNION, OHIO

PERMISSION FOR RELEASE QF INFORMATION FOR BACKGROUND INVESTIGATION

I hereby give my permission to the City of Union Police and Fire Department, to seek criminal justice information about me in conjunction with my application for employment with them.

Further, I give my permission for any person within the criminal justice agency, to whom this waiver is directed, to release any and all information and do hereby release such person and/or agency from any and all liability for providing correct information.

I recognize the right of the City of Union Fire Department to treat, at its discretion, certain sources as confidential, and its right to withhold from me, or my agent, the names of such confidential sources, and information obtained there from.

Signature of Applicant: _____

Print Name: _____

Date of Birth: _____

Signature of Witness: _____

Print Witness Name: _____

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF UNION FIRE DEPARTMENT EMPLOYMENT BACKGROUND AUTHORIZATION
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- I.** I understand that an investigative report will be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all Federal, State, City and County jurisdictions. Bureau of Motor Vehicles to include traffic citations and vehicle registration. Military Personnel Record Center. Educational Institutions to include transcripts. Any Individual, Company, Firm Corporation, present and / or past employers, or Public Agencies; (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to, and understand that the City of Union, Ohio and / or its designated agent(s), may be requesting information from public and private sources about any of the information noted earlier in this paragraph.
- II.** **IF APPLICABLE**, Medical and Workers' Compensation information will be requested in compliance with the Federal Americans with Disabilities Act, (ADA), and / or any other applicable state laws. According to the Fair Credit Reporting Act, (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a Consumer Reporting Agency. If so, I will be notified and be given the name of the agency providing that report.
- III.** I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV.** I hereby authorize, without reservation, any one contacted by the City of Union, Ohio and/or their agent, to furnish the information described in this application.

APPLICANT COMPLETES THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you've used

Social Security Number

Date of Birth

Home Address

City State Zip

Driver's License Number and State

Name as it appears on your License

<p>FAIR CREDIT REPORTING ACT, DRIVER'S LICENSE PROTECTION ACT, and ANY APPLICABLE STATE STATUE(S) NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Diver's Protection Act, and any applicable state statue(s).</p>
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OFFICE USE ONLY

Application Received By: _____ Date and Time: _____

Test Administered: _____ Date: _____

Score: _____ Placement: _____ **PASS / FAIL**

Additional Assessment: _____ Date: _____

Score: _____ Placement: _____ **PASS / FAIL**

Notes: _____

Interview Date: _____ Interviewers: _____

Pre-Employment Physical Date: _____ Results: _____

Additional Notes: _____