Mogadore Fire Department
135 S. Cleveland Ave
Mogadore, Ohio 44260
Employment Application

APPLICATION INFORMATION

Last Name		First		M.I.	D.O.B.
Street Address				Apartment / Unit #	
City		State		Zip	
Phone		Email address			
Social Security No.					

Are you a citizen on the United States?
◯ Yes   ◯ No

If no, are you authorized to work in the US?
◯ Yes   ◯ No

If you have worked for Mogadore Fire Department, please state when:

If you have ever been convicted of a felony, please explain:

EDUCATION

HIGH SCHOOL		ADDRESS		
FROM	TO	DID YOU GRADUATE		DEGREE
COLLEGE		ADDRESS		
FROM	TO	DID YOU GRADUATE		DEGREE
OTHER		ADDRESS		
FROM	TO	DID YOU GRADUATE		
STATE OF OHIO EMT	Completion date		License #	
STATE OF OHIO INTERMEDIATE	Completion date		License #	
STATE OF OHIO PARAMEDIC	Completion date		License #	
STATE OF OHIO FIREFIGHTER 1	Completion date		License #	
STATE OF OHIO FIREFIGHTER 2	Completion date		License #	
	Completion date		License #	
	Completion date		License #	
	Completion date		License #	

REFERENCES   PLEASE LIST THREE PROFESSIONAL REFERENCES

Name		Relationship		Phone	
Name		Relationship		Phone	
Name		Relationship		Phone	

PREVIOUS EMPLOYMENT

COMPANY		SUPERVISOR		PHONE		
May we contact your previous supervisor for reference?						
COMPANY		SUPERVISOR		PHONE		
May we contact your previous supervisor for reference?						
COMPANY		SUPERVISOR		PHONE		
May we contact your previous supervisor for reference?						
COMPANY		SUPERVISOR		PHONE		
May we contact your previous supervisor for reference?						
COMPANY		SUPERVISOR		PHONE		
May we contact your previous supervisor for reference?						

MILITARY SERVICE

BRANCH		From:		To:		
RANK AT DISCHARGE		TYPE OF DISCHARGE				
IF OTHER THAN HONORABLE, PLEASE EXPLAIN:						

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false of misleading information in my application or interview may result in my release.

X _____

DATE

Applicant