

North Lawrence Volunteer Fire Department Employment Questionnaire

Applicant Name: _____

Social Security Number: _____

Position Applied for: _____

Full Member or Employee Only (please circle one)

Date Given Questionnaire: _____ Date Returned: _____

Instructions to the applicant

Failure to follow instructions and fill out completely will result in disqualification.

The Information provided by the applicant will be considered confidential to the extent that this information is excluded from disclosure under state or federal law. The information provided will be used to assist the North Lawrence Volunteer Fire Department with determining the applicant's qualifications.

Answer each question as completely as possible. If a question does not apply to your particular circumstance, insert "DNA" (Does Not Apply). Should there not be sufficient space to answer a question, use additional sheets, which are to be attached to the back of the questionnaire and reference the section of the questionnaire in which there are additions to. Use black or blue ink to complete the questionnaire and submit the original. Photocopies will not be accepted.

The answers to the questionnaire may be verified by polygraph (lie detector), interviews and a complete background investigation. Questionnaire must be notarized.

Full Member - Individuals who live within or near our response area who will contribute to all aspects of the department by volunteering time at fundraising events, meetings and participating in departmental trainings. Full members may also qualify to work duty crew and participate in call backs. This position does have participation requirements and will give voting rights to those who meet the minimums set forth by the by-laws.

Employee Only - Individuals who already have a minimum of FF-I and EMT-B who want to only work on the duty crew. This position has no voting rights on departmental decisions.

References

List five people as references. **Do Not** include relatives or former employers.

Name: _____ Address: _____

Occupation: _____ Phone Number: _____ Years known: _____

Name: _____ Address: _____

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Name: _____ Address: _____

Occupation: _____ Phone Number: _____ Years known: _____

Name: _____ Address: _____

Occupation: _____ Phone Number: _____ Years known: _____

Employment History – Previous 10 years

Begin with you present or last employer and list in order your work history in chronological order. Include all full time, part time, volunteer work. (Attach addition sheets is necessary)

Employer: _____ Address: _____
Date hired: _____ End date: _____ Reason for leaving? _____
Title or Position: _____ Supervisor: _____
Salary: _____ Late for work: _____ How many times? _____
Ever disciplined: _____ How many times? _____
Type of discipline: _____
Explain: _____

Employer: _____ Address: _____
Date hired: _____ End date: _____ Reason for leaving? _____
Title or Position: _____ Supervisor: _____
Salary: _____ Late for work: _____ How many times? _____
Ever disciplined: _____ How many times? _____
Type of discipline: _____
Explain: _____

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Employer: _____ Address: _____
Date hired: _____ End date: _____ Reason for leaving? _____
Title or Position: _____ Supervisor: _____
Salary: _____ Late for work: _____ How many times? _____
Ever disciplined: _____ How many times? _____
Type of discipline: _____
Explain: _____

Employment History – Military / Public Service

Have you applied for a position with any other government agency, police or fire department?

Department	Position applied for	Hired (Y/N) or pending

Did you serve in the Military: _____ Branch: _____

Dates served, From: _____ To: _____

Highest rank held: _____

Date of discharge: _____ Type: _____

Did you serve overseas: _____

Were you ever AWOL: _____ How many times: _____

Ever given non-judicial punishment (Article 15): _____ How many times: _____

Explain:

Ever reduced in rank: _____ Ever receive a court martial: _____

Ever spend time in a brig or stockade: _____

Explain:

Did you ever convert or sell any government property? _____

Explain:

Please attach a copy of your DD-214

Have you ever been asked to take a polygraph or Voice Stress Analysis test? _____

Reason: _____

Have you ever been rejected for security clearance? _____

Reason: _____

At the places you have worked what is the most serious trouble you got into:

Why do you wish to be a member or be employed by the North Lawrence Fire Department:

Driving Record

Do you have a valid driver's license: _____ State: _____

License Number: _____ Restrictions: _____

Approximately how many miles do you drive a year: _____

Have you ever had your driver's license suspended? _____

Explain: _____

List all traffic crashes you have been involved in as a driver.

Date of Crash	Investigating Agency	Cited?	Injuries?

List all traffic violations convictions: (include juvenile citations)

Date	Place of citation	offense	issuing agency	Case Closed (Y/N)

Do you have any pending parking tickets: _____ How many and to whom? _____

Do you have automobile Insurance? _____ What agency? _____

Have you ever been placed on high risk insurance? _____

Explain: _____

Have you ever had insurance denied or cancelled? _____

Explain: _____

Criminal History

Have you ever committed, participated in or conspired to commit or questioned for any of the follow crimes?

Murder: _____ Robbery: _____ Manslaughter: _____ Arson: _____

Burglary: _____ Theft: _____ Disorderly Conduct: _____ Assault: _____

Rape: _____ Pandering Obscenity: _____ Prostitution: _____ Domestic Violence: _____

Explain: _____

Have you ever been named as a suspect in any criminal report? _____

Explain: _____

Have you ever been arrested or sent to a juvenile or adult court? (Include sealed cases) _____

Explain: _____

Have you ever been summoned or ordered to appear in any court as a witness or accused? _____

Explain: _____

Have you ever paid anyone to engage in sexual activity? _____

Explain: _____

Have you ever been paid to engage in sexual activity? _____

Explain: _____

Have you ever worked at or gambled at an illegal gambling operation? _____

Explain: _____

Have you ever used another person's money to gamble? _____ How much? \$ _____

Do you have any gambling debt at this time? _____ How much: \$ _____

Have you ever been fingerprinted? _____ Reason: _____

Have you ever been involved in any type of situation for which someone could blackmail you? _____

Explain: _____

Indebtedness and Financial Status

Are you:

Buying a home: _____, Renting: _____, Living with parents: _____, Living with another person: _____

Are you the Co-maker on a loan for another person? _____

Explain: _____

Have you ever been taken to court over a debt? _____

Explain: _____

Do you owe money to any of the following?

	Yes / No	Amount Owed	Times Late
Home Loan			
Personal Loan			
Auto Loan			
Credit Union			
Internal Revenue			
Back Taxes			
Alimony			
Child Support			
Credit Cards			
Back Rent			
Student Loans			
Parents			
In-Laws			
Court Judgements			
Friends			

Do you have any debts not listed above? _____ How much? \$ _____

Explain: _____

Have you ever been turned over to a collection agency? _____

Explain: _____

Are there creditors pressing you for payments currently? _____

Explain: _____

Have you ever filed for bankruptcy? _____

Explain: _____

Have you ever had anything repossessed? _____

Explain: _____

Have your wages ever been attached or garnished? _____

Explain: _____

Do you have any civil actions pending? _____

Explain: _____

Have you ever been the defendant in small claims court, or other court? _____

Action? _____ Explain: _____

Have you ever been declared delinquent in child support payments? _____

Explain: _____

Have you ever been refused credit? _____

Explain: _____

Have you ever knowingly writing a check with insufficient funds? _____

Explain: _____

I certify the statements contained in the questionnaire are true to the best of my knowledge. I understand any omissions or false statements made on the questionnaire may be cause for disapproval of my selection, or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code 2921.13.

X _____

Signature of Applicant

Subscribed and duly sworn before me according to law, by the above-named application on this _____ day of _____, _____ at _____ County of _____, State of _____.

(Seal)

Notary

Items to Return with Questionnaire

Copies of the following documents,

√	Copies must be provided of
	Driver's License
	Diploma or G.E.D.
	Motor Vehicle Insurance Card
	BCI and FBI Background check within 12 months
	Naturalization Certificate (If applicable)
	ICS 100, 200, 700, 800, 15.b
√	If applicable copies of
	Physical Ability test within 12 months (Employee)
	Firefighter and/or EMS card
	CPR Provider
	ACLS & PALS
	Any further professional development Certificates

4052 Alabama Ave
North Lawrence, Oh 44666

(330) 832-6347
Fax (330) 832-1932

North Lawrence Volunteer Fire Department

Jason Rock
Fire Chief

Dear Chief Rock,

I, _____, wish to withdraw from consideration for the position of
_____ with the North Lawrence Volunteer Fire Department.

X _____ Date: _____

Signature