LAKE TOWNSHIP EMPLOYMENT APPLICATION

Notice to applicant; We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

ersonal Information (Please Print)	Date Application Completed		
Name:		9	5.S.N.:
(Last)	(First)	(M.I.)	
Address:			
Date of Birth:			
Month Day	Year		
City:	State:	Zip:	Phone:
Position Information (Please Print)			
Position applied For:			
rosition applied for:			
Date you can start:			
Have you ever worked for this depar	tment?	_ If so, dates(s):	
Are you employed now? If	so may we inquire	e of your present emp	loyer?
ducation (Please Print)			
School/Institution	Major or area	of study	Degree or number of years
ist other training you have received	(Please Print)		
ist other training you have received	(Flease Fille)		

Employment History (Please Print)

List All Of The Jobs You Have Had (Current First)

From:	To:	Telephone #:	
Name/Address o	f Employer:		
Position:			
	To:	Telephone #:	
THAT STATE ENGINEERING AND THE OTHER		Why did you leave?:	WELL SERVICE THE METERS OF STREET
From:	To:	Telephone #:	
Name/Address of	f Employer:		
Position:		Why did you leave?:	Contribution and an additional to the Section Contribution of the Section Contribution
From:	To:	Telephone #:	
Name/Address of	Employer:		
	To:	Telephone #:	
Name/Address of	Employer:		
Position:		Why did you leave?:	

Residence Informati	ion (Please Pri	nt)	
List all past residen	ices starting with prese	nt address first:	
	ease Print) rences and do not incl	ide relatives:	
NAME	YRS. KNOWN	ADDRESS	PHONE #
COMMENTS			
Write any remarks or	comments that you thin	k are important:	
Acknowledgement	(Please read caref	ully)	
I hereby certify th	at there are no willfu	Il misrepresentations, omi	issions, or falsifications in this
			of my knowledge and belief.
	(Signature in Full)		(Date)

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain and verify the accuracy of
information contained in this application from all previous employers, educational institutions,
and references. I also hereby release from liability the potential employer and its
representative for seeing, gathering and using information to make employment decisions and
all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will' with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual, orientation, national origin, citizenship, age, height, weight or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and your interest in our business.

Applicant Signature	Print Name	Date



laketwpfire.org

Station 26 Lake Twp. Administration 27975 Cummings Rd. Millbury, Ohio 43447

Station 27 Walbridge4505 E. Union St.
Walbridge, Ohio 43465

Station 28 Millbury Fire Headquarters 1911 Ayers Rd. Millbury, Ohio 43447

Barrett A. Dorner Fire Chief

Dave Henninger Deputy Chief

Jason Sallows Captain EMS

Jeff DawsonCaptain
Community Risk Reduction



Authorization for Release of Information

I, the undersigned, authorize a background check conducted through the State of Ohio Criminal Justice Services. I understand upon completion of this background check, should negative results apply, I will not hold Lake Township Police or Fire Departments responsible for any type of di disciplinary action that could be taken.

F0 Background Investigator	DR OFFICE USE C	ONLY 	
SSN	DO	В	
City	State	Zip	
Address			
Print Name		-	
Signature		Date	