

# BATH FIRE DEPARTMENT

Rob Campbell  
Fire Chief

3864 West Bath Road  
Akron, OH 44333  
Business: 330-666-3738

## APPLICATION FOR EMPLOYMENT

Name of Applicant \_\_\_\_\_

Position for which applicant has applied \_\_\_\_\_

Please read the minimum qualifications for employment, before filling out this application. You must meet the minimum and additional qualifications to be considered for employment as a public safety officer.

Please print in ink or type when filling out this application.

Any miss-statements, omission of information, or refusal to sign the release forms, will be grounds for disqualification for employment with the Bath Safety Forces.

Answer all questions. If a question needs no answer, please use N/A. If a question needs any additional explanation, please use a blank sheet of paper.

All applications will pass a physical examination by a physician designated by the Township of Bath. Applicants will also be subject to a polygraph examination, psychological assessment and background check.

Please attach copies of diplomas, certificates and other documents that correspond with this application. Please email completed application to Fire Chief, Rob Campbell at [rcampbell@bathtownship.org](mailto:rcampbell@bathtownship.org) or mail to above address.

This application along with all documents that are submitted, become the property of the Bath Safety Forces. This application will be on file for one year from the date that it is submitted.

### MINIMUM QUALIFICATIONS

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|---|--|
| -High school graduate or equivalent                               | -Ohio Residency  |
| -No criminal record or repeat traffic offences                    | -Good overall physical condition                             |
| -U.S. citizenship   | -Firefighter II/State of Ohio Paramedic**                    |
| -Minimum 18 years of age (maximum 35 years of age for full time). | **Consideration given to those currently in Paramedic School |

### ADDITIONAL QUALIFICATIONS

Additional qualifications are subject to conditions of employment relative to job description or other applicable conditions of employment in force.

Dedicated to Community Service  
Bath Fire Department is an Equal Opportunity Employer



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Name(s) of sibling(s)	Date of Birth	Occupation
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Address	Phone Number
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Name	Date of Birth	Occupation
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Address	Phone Number
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Name	Date of Birth	Occupation
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Address	Phone Number
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Marital status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

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Spouse's Name	(Maiden Name)	Date of Birth
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Address	Phone Number
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Name and present address of spouse(s) if divorced or separated:

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Name	Address	Phone Number
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Name	Address	Phone Number
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List full name of your spouse's immediate family:

Name	Relation	Address	Age
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List all your children and dependents, including stepchildren and adopted children:

Name	Address	Date of Birth	Place of Birth
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Education Records:

List all elementary schools, colleges and universities you have attended:

Name	Address	Years completed	Diploma Received
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Major and minor courses of study: \_\_\_\_\_

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Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons?

If yes, explain:

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TRAINING:

List all fire service training:

Dates From/To	Training Received	Location	Number of hours
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List any other training received:

Dates From/To	Training Received	Location	Number of hours
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EMPLOYMENT HISTORY:

From	To	Name and Address of Employer	Phone
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Supervisor(s)

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Description of Duties

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Reason for Leaving

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From	To	Name and Address of Employer	Phone
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Supervisor(s)

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Description of Duties

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Reason for Leaving

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From	To	Name and Address of Employer	Phone
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Supervisor(s)

Description of Duties

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Reason for Leaving

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From	To	Name and Address of Employer	Phone
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Supervisor(s)

Description of Duties

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Reason for Leaving

Do you have any objection to our contacting your employer(s) for reference?

Yes\_\_\_\_\_ No\_\_\_\_\_

ARREST HISTORY:

Have you ever been arrested, charged or convicted for any reason by any civil police?

Do not include traffic violations.

*(Conviction or arrest will not necessarily disqualify an applicant from employment)*

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please fill in below.

Date	Charge	Location (City, County, State)	Disposition
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DRIVING HISTORY:

Have you held any driver's or chauffer's license in any other state(s) besides the State of Ohio?

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Please list all driving citations or summons of which you have been convicted as an adult and as a juvenile, beginning with the most recent. (Give approximate dates and locations if you cannot remember exact ones.)

Date	Charge	Location (City, County, State)	Disposition
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Have you ever been involved in any traffic accidents with the last five years?

If yes, please explain:

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REFERENCES:

Please list five(5) persons, other than relatives or past employers, who know you well enough to give current or past information about you.

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Name

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Address

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Phone Number

Years Known

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Name

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Address

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Phone Number

Years Known

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Name

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Address

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Phone Number

Years Known



REFERENCES: *(Continued)*

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Name

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Address

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Phone Number

Years Known

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Name

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Address

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Phone Number

Years Known

MEDICAL HISTORY:

Please answer all of the following questions:

YES\_\_\_\_ NO\_\_\_\_ Have you ever been or are you now being treated for diabetes?

YES\_\_\_\_ NO\_\_\_\_ Have you ever had "blackouts"?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been unable to hold a job because of your inability to perform certain physical motions?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been unable to hold a job because of your inability to assume certain physical positions?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been refused employment due to your health or some physical defect?

YES\_\_\_\_ NO\_\_\_\_ Have you ever had any operations?

YES\_\_\_\_ NO\_\_\_\_ Do you have corrected vision?

YES\_\_\_\_ NO\_\_\_\_ Have you ever consulted or been treated by any physician, clinic, healer or other practitioners within the past five years?

YES\_\_\_\_ NO\_\_\_\_ Have you ever received, do you have pending, have you ever applied for, or do you intend to apply for pension or compensation for existing disability? (If so, specify what kind, by whom granted, what amount, when and why.)

YES\_\_\_\_ NO\_\_\_\_ Have you ever been forced to leave a job because of any illness or injury sustained on or off the job?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been absent more than seven consecutive days from work, or school since sixteen years of age, due to illness or injury?

YES\_\_\_\_ NO\_\_\_\_ Have you ever filed for Workman's Compensation because of any illness or injury sustained either on or off the job?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been examined, hospitalized or placed in a sanatorium for any emotional, nervous or mental disorder?

YES\_\_\_\_ NO\_\_\_\_ Has any doctor ever found an ailment or defect concerning your physical or mental condition?

YES\_\_\_\_ NO\_\_\_\_ Have you ever lost consciousness due to fainting, sunstroke or other illness or injury?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been treated or hospitalized for any broken bones, sprains, strains, or other illness or injury?

YES\_\_\_\_ NO\_\_\_\_ Do you now or have you ever used narcotics, marijuana, barbiturates, tranquilizers, etc.?

YES\_\_\_\_ NO\_\_\_\_ Do you use alcohol? If so, state degree.

Occasionally\_\_\_\_ Moderately\_\_\_\_ Excessively\_\_\_\_

Yes\_\_\_\_ NO\_\_\_\_ Are you allergic to any medicine? If yes, explain fully what kinds.

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YES\_\_\_\_ NO\_\_\_\_ Do you have any allergies?

YES\_\_\_\_ NO\_\_\_\_ Do you suffer from hay fever?

ADDITIONAL:

Please answer all the following questions.

YES\_\_\_\_ NO\_\_\_\_ Have you, your spouse or ex-spouse(s) ever been a party to a small claims or any other court action?

YES\_\_\_\_ NO\_\_\_\_ Have you, your spouse or ex-spouse(s) ever had your wages attached?

YES\_\_\_\_ NO\_\_\_\_ Do you, or your spouse, or ex-spouse(s) have any immediate civil action pending against you?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been refused credit?

YES\_\_\_\_ NO\_\_\_\_ Have you ever had any of your property repossessed?

YES\_\_\_\_ NO\_\_\_\_ Have you, your spouse or ex-spouse(s) ever filed for bankruptcy?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been bonded?

YES\_\_\_\_ NO\_\_\_\_ Have you ever had a bond refused?

YES\_\_\_\_ NO\_\_\_\_ Have you ever been discharged or asked to resign from a job? If yes, explain:

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**BATH FIRE DEPARTMENT**

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby permit any authorized representative of the Bath Police Department bearing this release or copy thereof, within two years of its date, to obtain any information you have concerning my moral, mental, and physical suitability for the position of Police Officer, Fire Officer, Public Safety Dispatcher, or Public Safety Employee.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. This release is executed with full knowledge and understanding that the information is for the official use of the Bath Police Department. Consent is granted to the Bath Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I certify that the statements contained are true to the best of my knowledge, and I understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

SIGNATURE \_\_\_\_\_

TYPED OR PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WITNESS \_\_\_\_\_

BATH FIRE DEPARTMENT

3864 WEST BATH ROAD

AKRON, OHIO 44333

330-666-3738

DISCLOSURE FORM – **PLEASE PRINT**

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. I have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends, or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

Print Full Name \_\_\_\_\_

Social security Number \_\_\_\_\_ DOB\* \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Prospective Employer: Bath Fire Department

\* Date of Birth is being requested in order to obtain accurate retrieval of records