



# BETHEL TOWNSHIP, MIAMI COUNTY FIRE CHIEF JOB APPLICATION



## PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_ **DESIRED PAY:** \$ \_\_\_\_\_  HOUR  SALARY

**POSITION APPLIED FOR:** Fire Chief (part-time)

**EMPLOYMENT DESIRED:**  FULL-TIME  PART-TIME  SEASONAL

## EMPLOYMENT ELIGIBILITY

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?**  YES  NO\*

\*IF NO, PLEASE EXPLAIN: \_\_\_\_\_

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?**  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?**  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE?**  YES  NO\*

\*IF NO, PLEASE EXPLAIN: \_\_\_\_\_

Driver's license#: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State issued: \_\_\_\_\_

List any restrictions on driver's license: \_\_\_\_\_

Have you ever been cited for any traffic violations during the past 3 years (failure to stop, OVI, speed, etc.)?  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION & CERTIFICATIONS

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE: \_\_\_\_\_

**TRADE SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES**  
(PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MILITARY SERVICE

ARE YOU A VETERAN?  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

## CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A **BACKGROUND CHECK**?  YES  NO

IF ASKED, ARE YOU WILLING TO CONSENT TO A **DRUG SCREENING**?  YES  NO

IF ASKED, ARE YOU WILLING TO CONSENT TO A **PHYSICAL EXAMINATION**?  YES  NO

## DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF your supporting documents provide the information asked for in this application. You must submit this application and attach the following materials for it to be considered complete: cover letter, resume, required and relevant certifications, college degree(s), and, if applicable, a full copy of any military discharge paperwork.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview is cause for my employment to be terminated.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

## TOWNSHIP INFORMATION

***Applications and supporting documentation are due Friday, July 19, 2024 by 4:30 P.M.***

**Please drop at or mail to:**  
Bethel Township Administrator  
8375 S. Second St. (Brandt)  
Tipp City, Ohio 45371

**or Email to:**  
administrator@betheltownship.org



To learn more about Bethel Township, Miami County,  
visit our website and Facebook page.

Note: you must be logged in to Facebook to see our content.

