

HOWLAND TOWNSHIP

FIRE DEPARTMENT

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The Howland Township is An Equal Opportunity Employer

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HOWLAND TOWNSHIP

FIRE DEPARTMENT

APPLICATION GUIDELINES

I. PURPOSE

To obtain information from prospective firefighter candidates / applicants and to assist with the future polygraph and/or voice stress analysis, psychological, drug testing, and medical examiner in conducting a pre-employment polygraph and/or voice stress analysis, psychological, drug testing, and medical examinations, as well as assist the background investigator in completing the background investigation.

II. USE

The information obtained from the Employment Questionnaire will be used to determine if the applicant meets specified requirements for the position being sought. The Howland Fire Department Administrative Staff will provide the questionnaire to candidates / applicants. The applicant must print all answers to the questionnaire legibly in black ink.

III. THE FORM

Prior to giving the Application Questionnaire to the applicant, the applicant must present a current Resume' to the Howland Fire Department. The date the Application Questionnaire is issued will be placed on the appropriate line on the cover of the Application Questionnaire. The applicant must complete and return the Application Questionnaire to the Office of Howland Fire Department *within 15 days of issuance*. Upon return of the completed questionnaire, the applicant may be scheduled for fingerprinting, photographing, and an interview. If the applicant does not wish to participate in future tests including up to polygraph and/or stress analysis, psychological, drug testing and medical examinations, he/she may withdraw this application by signing the appropriate caption on the front page of the questionnaire.

IV. DISPOSITION

Receipt of your application will be acknowledged in writing, within thirty (30) calendar days. Applicants will be advised in the letter that they will be notified should they be considered for employment. Applications are kept on file for a period of one (1) year. If no consideration for employment for a candidate takes place during the year on file, the application is destroyed and another application must be submitted for consideration. The Application Questionnaire will become part of the background investigation. If a background investigation is not completed, the Application Questionnaire will be kept on file as per department policy within the Administrative Division.

HOWLAND TOWNSHIP

FIRE DEPARTMENT

BACKGROUND INVESTIGATION CONSENT FORM

I, _____, authorize the Howland Township Fire Department to make an independent investigation of my background, criminal, and/or police records.

The intent of this authorization is to give my full consent for the full and complete disclosure of certain documents and records, including, but not limited to, records of education institutions; records of financial or credit institutions; records of commercial or retail credit agencies, including credit reports and/or ratings; past employment and pre-employment records, including background reports, polygraph and/or voice stress analysis examinations, efficiency ratings, performance evaluations, attendance records, investigator files, disciplinary records, complaints filed against me, salary records, and data contained within the application of employment; military service records; real and personal property tax records, and other financial statements and records wherever filed; records of arrest, criminal, and/or traffic offenses, including records relative to any trial proceedings; the results of past polygraph and/or voice stress analysis examinations; records of civil complaints made against me, including records relative to any trial proceedings and records and recollections of attorneys at law, or other counsel, whether representing me or another person in a case in which I presently have, or previously had, an interest, including any files which are deemed to be confidential, expunged, or sealed pursuant to R.C. 2953.33.

I agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of completing a background investigation, which may provide pertinent data to the Howland Township Fire Department for its consideration in determining my suitability for employment. It is my specific intent to provide access to information, however personal or confidential it may be, including, but not limited to, the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Howland Township Fire Department, and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and all amendments and revisions thereto, with regard to access and disclosure of records, and I waive those rights, with the understanding that the information furnished will be used by the Howland Township Fire Department in conjunction with employment procedures.

I understand that should information of a serious criminal nature be revealed as a result of this background investigation, such information may be disclosed to all proper authorities.

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge Howland Township and the Howland Township Fire Department, and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, lawsuits, damages, losses and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting from, out of, or in connection with the information obtained from, but not limited to, any and all of the above referenced sources.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

I understand that this background investigation requires that I notify the Howland Township Fire Department relative to any change of my name, address, phone number, marital status, or other personal information. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Home Address (City, State, Zip) How Long?

Former Home Address (City, State, Zip) How Long?
(Please provide 5 years of address history. Use back of page if necessary)

Date of Birth Social Security Number Driver's License No. & State

Email: _____

Signature Date

HOWLAND TOWNSHIP
FIRE DEPARTMENT
POST-OFFER/PRE-EMPLOYMENT EXAMINATIONS CONSENT FORM

I, _____, do voluntarily consent to post-offer/pre-employment medical, psychological, drug screen, and polygraph and/or voice stress analysis examinations conducted at the request of the Howland Township Fire Department ("Department"). I understand that the offer of employment I have received is conditioned upon the successful completion of the aforementioned examinations. Additionally, I understand that, if I cannot perform essential job functions relative to the position I have been offered, even with reasonable accommodation, I will not be employed. Further, I understand that I will receive copies of written reports pertaining to the noted examinations and evaluations of my ability to perform essential job functions. In response to the noted written evaluations, I will be offered the opportunity to provide additional information. I understand that I may ask questions of the examiners concerning any portion of the noted examinations, and that I may stop the examinations at any time. However, if I do not complete the noted examinations, I understand that the offer of employment will be withdrawn, as the Department will not have been able to determine whether I can perform essential job functions, even with reasonable accommodation.

I have had the opportunity to ask a representative of the Department about these examinations, and any questions I had have been completely and satisfactorily answered.

I understand that the cost of the examinations will be paid by the Department.

I consent to the release of the results of the preceding examinations to the Department, as well as consent to the release to the Department of all of my medical records, as evidenced by my signature on any attached HIPAA authorization forms.

I represent that I am in good physical and mental condition, and I know of no physical or mental ailment or condition that may be impaired by the noted examinations.

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Howland Township Fire Department, and/or their designee(s) from any and all claims, liabilities, lawsuits, damages, losses, and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from, out of, or in connection with the: (1) examinations to be conducted by the above-named examiners and/or the above-named laboratory; (2) the diagnosis or results of the examinations; and (3) the use of any diagnosis or results.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

Signature of Conditional
Employee

Printed Name

Date

Signature of Witness

Printed Name

Date

HOWLAND TOWNSHIP FIRE DEPARTMENT

HIPAA AUTHORIZATION FORM

TO: _____

I hereby authorize the use or disclosure of protected health information about me as described below:

1. The Howland Fire Department is authorized to make the requested use or disclosure:
2. The following person or class of persons may receive disclosure of protected health information about me:

His/her/its name is: _____

His/her/its address is: _____

3. The specific information that should be disclosed is:

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying the Department in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

Signature of Individual, _____ Date of Individual's Signature, _____ Date of Birth or Social Security Number
(The person about whom the information relates)

HOWLAND TOWNSHIP FIRE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and the Credit Bureaus to furnish the Howland Fire Department of Trumbull County, Ohio, with any and all available information regarding me in order that he/she may determine my suitability for emergency services.

I authorize the Howland Fire Department of Trumbull County, Ohio to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exceptions, if any:

Exceptions: *(Make note if you do not wish your present employer contacted and why.)*

Date: _____

COMMENTS:

HOWLAND TOWNSHIP FIRE DEPARTMENT

INSTRUCTIONS

It is important to read these instructions carefully before completing this Questionnaire

You must be complete and truthful in ALL your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All Information will be considered confidential to the extent that this information is excluded from disclosure under state and federal law. The information provided will be used to assist the Howland Fire Department in determination of the qualifications of the applicant.

The answers to this questionnaire are subject to verification by polygraph, 'lie detector,' and/or voice stress analysis, interviews, psychological testing, drug screen, and a complete background investigation.

Hand PRINT your answers in black ink. Do not leave any questions blank. If a question does not apply to you, write "DNA" Your answers must be legible. If additional space is needed to explain an answer, please use the continuation (supplemental) sheets provided and reference the specific question number and letter.

Be aware that your spelling, grammar, and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

If you are applying to become a Howland Firefighter you are required to make known to us any criminal record you have that has been expunged or legally sealed.

I wish to withdraw from consideration for the position of _____ with the Howland Fire Department.

Date: _____



Applicant Signature



Please sign and date, only if you are withdrawing your request for employment.

APPLICANT NAME: _____

Social Security Number: _____ Position Applied for: _____

Date Questionnaire Issued: _____ Date Returned: _____

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

1. PERSONAL DATA

NAME: _____
Last _____ First _____ Middle _____ Jr., II, etc. _____

ADDRESS: _____
Street Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

TELEPHONE: (____) _____ (____) _____ (____) _____
Home _____ Work _____ Cell _____

Social Security Number: _____ Date of Birth _____

Place of Birth: _____ U.S. Citizen Yes No

List any other names that you have used: _____

How long have you lived at the above address? _____ Years _____ Months

(Second Address, if applicable, (i.e. College, Military, etc.)

ADDRESS: _____
Street Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

How long have you lived at the above address? _____ Years _____ Months

PREVIOUS ADDRESSES:

Street Numbers	City	State	From Mo/Yr	To Mo/Yr
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Use Additional Sheets If Necessary)				

**HOWLAND TOWNSHIP
FIRE DEPARTMENT**
Application Questionnaire

PERSONAL DATA- continued

Are you aware of any information about yourself or anyone with whom you have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities or loyalty to the United States?

Yes No

Do you understand that all prospective employees will be required to submit to a urinalysis test for drug abuse prior to employment?

Yes No

*If sufficient space is not available on this form, please continue on a separate sheet of paper
(Please make sure to note your name, social security number and the question)*

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

2. MARITAL STATUS

Are you (check one): Married Separated Divorced Widowed Single

Spouse's Maiden Name: _____ Spouse's Date of Birth _____
Spouse's SSN _____

If previously married disposition of former marriage: _____

Ex-Spouse Name: _____ DOB _____
Address: _____ Phone _____

Name and Address of Spouse's Employer, if any:

Have you ever been separated from your spouse due to marital problems? Yes No
If yes, please explain:

Are you now supporting all dependents that you are required to support? Yes No

Are you paying alimony or child support? Yes No
If yes, how much: _____ Estimated date for termination of payment: _____

Have you ever been sued for alimony or child support? Yes No

Are you in arrears or have your wages been garnished for
back child support or alimony payments? Yes No

What does your spouse think of you becoming an employee of this department?

Any additional information: _____

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

3. RELATIVES

Father's Name: _____
 Address: _____

Occupation: _____
 Birthdate: _____

Mother's Name: _____
 Address: _____

Maiden Name: _____
 Occupation: _____
 Birthdate: _____

Do you have any children? () Yes () No

(If yes, please state the following, whether or not residing with you):

Son/Daughter	Complete Name & Address	Birthdate	Relationship

Do you have any serious problems with relatives or in-laws? () Yes () No
 If yes, please explain: _____

Do you have any members of your family, close relatives or in-laws that are now or have been previously employed by this department?

If yes, please state:

Complete Name & Address	Relationship

Have you any members of your family, close relatives or in-laws of you or your spouses ever been arrested, convicted or imprisoned? If yes, please explain () Yes () No

 Name: _____ Address: _____
 Name: _____ Address: _____
 Name: _____ Address: _____

HOWLAND TOWNSHIP

FIRE DEPARTMENT

Application Questionnaire

4. REFERENCES

List three (3) references (NOT relatives, former employees or neighbors) who are responsible adults, and who have known you well during the past five years:

Name		Residence or Business Address (Number & Street)			
How Long Known?	Occupation	City	State	Zip	Phone Number

Reference 2

Name		Residence or Business Address (Number & Street)			
How Long Known?	Occupation	City	State	Zip	Phone Number

Reference 3

Name		Residence or Business Address (Number & Street)			
How Long Known?	Occupation	City	State	Zip	Phone Number

HOWLAND TOWNSHIP

FIRE DEPARTMENT

Application Questionnaire

5. EMPLOYMENT INFORMATION

Begin with your present or last employment and list in order your complete work history in chronological order. Include all full-time, part-time employment(s) and military service, auxiliary and volunteer (Use additional sheets of paper, if necessary)

EMPLOYER Name: _____ **Phone:** _____

Address _____ City _____ State _____ Zip _____

Date Hired: _____ **Date Left:** _____ **Title/Position:** _____

Reason for Leaving: _____

Immediate Supervisor: _____ **Last Salary:** _____

Ever Disciplined for any Reason? Yes No **How Many Times?** _____

Type of Discipline: _____

Late for Work? Yes No **How many times?** _____

EMPLOYER Name: _____ **Phone:** _____

Address _____ City _____ State _____ Zip _____

Date Hired: _____ **Date Left:** _____ **Title/Position:** _____

Reason for Leaving: _____

Immediate Supervisor: _____ **Last Salary:** _____

Ever Disciplined for any Reason? Yes No **How Many Times?** _____

Type of Discipline: _____

Explain: _____

Late for Work? Yes No **How many times?** _____

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

5. EMPLOYMENT INFORMATION (Continue)

EMPLOYER Name:	Phone:		
Address	City	State	Zip
Date Hired:	Date Left:	Title/Position:	
Reason for Leaving:			
Immediate Supervisor:		Last Salary:	
Ever Disciplined for any Reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many Times?	
Type of Discipline:			
Explain:			
Late for Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many times?	
EMPLOYER Name:	Phone:		
Address	City	State	Zip
Date Hired:	Date Left:	Title/Position:	
Reason for Leaving:			
Immediate Supervisor:		Last Salary:	
Ever Disciplined for any Reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many Times?	
Type of Discipline:			
Explain:			
Late for Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many times?	
Has any organization investigated, interviewed, tested, or subjected you to a polygraph examination? If yes, indicate the name of the agency, the date, and the type of pre-screening method. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agency:			
Date: Pre-screening method:			

HOWLAND TOWNSHIP

FIRE DEPARTMENT

Application Questionnaire

6. EDUCATION

HIGH SCHOOL ATTENDED:

Name _____ Address _____ City/State _____

HIGHEST GRADE COMPLETED: _____ Graduated: () Yes () No If yes year _____

OTHER EQUIVALENCY CERTIFICATE: _____ **Year Obtained:** _____

COLLEGE/ UNIVERSITY: _____ Address _____ Dates Attended _____

YEAR GRADUATED: _____ **Credit Hours:** _____ **DEGREE:** _____

MAJOR SUBJECT(s): _____

List the Name and Address of any other type of school(s) attended: (i.e. Vocational School, Trade School, Business School, Fire Academy)

School _____ Address _____ City/State _____
From ____/____/____ **to** ____/____/____
Dates Attended _____ Courses Studied _____ Graduated/Year _____

School _____ Address _____ City/State _____
From ____/____/____ **to** ____/____/____
Dates Attended _____ Courses Studied _____ Graduated/Year _____

ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (Excluding Military):

HOWLAND TOWNSHIP FIRE DEPARTMENT

Application Questionnaire

7. EMPLOYMENT HISTORY

Have you ever applied for a position with any government agency, police or fire department(s)? () Yes () No

Department **Position Applied For** **Hired (Yes/No/Pending)**

Do you have experience with shift work? () Yes () No

Do you object to being assigned to 12 Hrs. or 24 Hrs. shifts? () Yes () No

Do you object to working frequent weekends and/or overtime? () Yes () No

Do you object to wearing a uniform to work? () Yes () No

Have you ever been terminated, dismissed or asked to resign () Yes () No

from any employment? If yes, explain:

Have you ever received unemployment compensation or other federal, state, or local benefits or assistance? () Yes () No

If yes, explain:

Type of Assistance	Name of Agency	Date

HOWLAND TOWNSHIP FIRE DEPARTMENT

Application Questionnaire

8. MILITARY INFORMATION

Your Selective Service Record:

Are you a male born after December 31, 1959? Yes No

If "Yes" have you registered with the Selective Service System? Yes No

If "Yes" provide your registration number _____

If "No" show the reason for your legal exemption _____

Have you ever served in the Military? Yes No Branch: _____

Dates Served From: _____ To: _____

Highest Rank Held: _____ Specialty: _____

Date of Discharge: _____ Type: _____

Are you now, or have you ever been a member of the US Reserves or National Guard?

Yes No If yes, unit and location: _____

Were you ever overseas? Yes No

Were you ever AWOL? Yes No

How Many Times: _____

Ever given non-jurisdictional punishment? (Article 15): Yes No

How Many Times? _____

Ever Reduced in Rank? Yes No

Ever Received a Court Martial? Yes No

Ever Spend Time in a Brig or Stockade? Yes No

Did you ever convert or sell any government property? Yes No

If you have had no military service, please explain: _____

ATTACH A COPY OF YOUR DD-214

HOWLAND TOWNSHIP FIRE DEPARTMENT

Application Questionnaire

9. DRIVING RECORD

Do you have a valid driver's license? () Yes () No **Status** _____

License Number: _____ **Any Restrictions** _____

How long have you been a licensed driver? _____

Approximately how many miles do you drive each year? _____

Have you ever had your license suspended? () Yes () No
If yes, explain: _____

Do you have liability/property damage insurance on vehicles owned by you? () Yes () No

Have you ever had your insurance cancelled? () Yes () No
If yes, explain: _____

List all accidents you were involved in as the driver. Include the dates, agency which investigated, if you were issued a citation and if there were injuries. List unreported accidents also.

Date of Accident	Investigating Agency	Citation	Injuries

List all traffic violations, convictions and bond forfeitures:

Date	Place of Arrest	Offense	Issuing Agency	Amount Owed

Have you ever been sentenced to a driver improvement school? () Yes () No
If yes, explain when and where: _____

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

10. CRIMINAL HISTORY

Have you ever committed, participated or conspired to commit any of the following serious crimes?

Murder	Arson
Larceny	Manslaughter
Robbery	Burglary
Drug Offense	Other

Sex Offenses:

Rape	Sodomy
Assault	Prostitution
Pandering Obscenity	

EXPLAIN:

Have you ever been convicted of any crime other than traffic? Yes No
Explain: _____

Have you ever been arrested or sent to a Juvenile Court? Yes No
Explain: _____

As a juvenile, did you ever report to a Juvenile Officer? Yes No
Were you ever expelled or suspended from school? Yes No
Have you ever been summoned or ordered to appear in any court as a witness or accused?
 Yes No **Explain:** _____

Have you ever paid anyone to engage in a sexual activity? Yes No
Explain: _____

How many times have you been convicted of a criminal offense? (include misdemeanors, felonies and military):

Nature of Offense	When (Mo/Yr)	Location	Disposition

**HOWLAND TOWNSHIP
FIRE DEPARTMENT**
Application Questionnaire

11. CRIMINAL HISTORY (Continued)

Have you ever worked for an illegal gambling operation? () Yes () No

Explain: _____

Have you ever used another person's money to gamble without their knowledge?

() Yes () No How much: _____ When: _____

Do you have any gambling debts at this time? () Yes () No How much: _____

Have you ever borrowed money to gamble? () Yes () No How much: _____

Have you ever worked for a gambling operation or booked any bets? () Yes () No

If yes, explain: _____

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

() Yes () No Explain: _____

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

11. INDEBTEDNESS & FINANCIAL STATUS

Are you: _____ Buying/Own a Home
 _____ Renting
 _____ Living with Another
 _____ Living with Parents
 _____ Other: _____

Are you the co-maker on a loan for another person? Yes No

Explain: _____

Have you ever been taken to court over a debt? Yes No

Explain: _____

Do you owe money to any of the following?

	Yes/No	Amount Owed	Times Late
Home Loan			
Personal Loan			
Auto Loan			
Credit Union			
Past/Present Fellow Worker			
Past/Present Employers			
Internal Revenue Service			
Back Taxes (any entity)			
Alimony			
Gasoline Credit Card			
Household Furnishings			
Back Rent			
Financial Institution			
Clothing			
Student Loan			
In-Laws			
Parents			
Court Judgments			
Charge Accounts			
Union Dues			
Employment Agency			
Child Support			
Rent			
Any Other Debts Not Listed			

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

12. INDEBTEDNESS & FINANCIAL STATUS (Continued)

Have you ever had a debt turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Are any creditors pressing you for a payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared or filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When: _____	Where: _____
Have you ever had anything repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What: _____	When: _____
Have your wages ever been attached or garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Do you have any civil action pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Have you ever been a defendant in a small claims or other court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Have you declared delinquent in child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Have you ever been evicted from any dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Have you ever received a settlement in payment for damages, injury, libel, etc. either without court action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Have you ever been refused credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	
Did you ever knowingly write a check with insufficient funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times: _____ Explain: _____	
Do you have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name: _____	
Do you have a savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name: _____	

**HOWLAND TOWNSHIP
FIRE DEPARTMENT**
Application Questionnaire

12. INDEBTEDNESS & FINANCIAL STATUS (Continued)

Are you currently delinquent or have you ever been in default on any student loan?

()Yes ()No Explain: _____

Are you current on all federal, state, and local tax debts (including individual and employer tax debts that apply to you?) **()Yes ()No**

Do you have income from sources other than your salary and your spouse's salary?

()Yes ()No If yes, specify the source and amount _____

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

12. MISCELLANEOUS

Have the police ever been called to your home for any reason? Yes No
If yes, explain: _____

Do you have any problem controlling your temper? Yes No

Have you ever traveled outside the United States? Yes No
If yes, what countries: _____

Do you own any business or commercial property? Yes No
If yes, what countries: _____

If employed by Howland Township, do you have or anticipate any income other than your salary? Yes No

If yes, amount and source? _____

Other than a driver's license, do you possess any permit or license issued by a unit of the government? Yes No

Do you possess any other licenses or certifications (e.g. Nurse, Police Commissions, Real Estate, etc.)? If yes, provide the information requested below. Yes No
License Type: _____ **Issuing Entity:** _____

Also indicate on a separate sheet of paper if any complaints or grievances were ever filed against you.

Do you have any skills, personal interests or hobbies, which would be useful in the position, you are seeking? Yes No
If yes, explain: _____

HOWLAND TOWNSHIP FIRE DEPARTMENT

Application Questionnaire

13. MISCELLANEOUS (Continued)

List all organizations, clubs and social groups of which you are now, or have been a member and position held:

In the last 7 years have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? ()Yes () No

If yes, provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Date **Name/Address of Therapist or Doctor** **State** **Zip code**

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs?

HOWLAND TOWNSHIP
FIRE DEPARTMENT
Application Questionnaire

13. MISCELLANEOUS (Continued)

In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

() Yes () No

If "Yes" to any of the above questions, provide the following information:

Date	Controlled substance/prescription drug used	# of times used
------	---	-----------------

In the past 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

() Yes () No

If yes, provide the dates of treatment and name and address of counselor or doctor below. Do not repeat information reported in response to previous questions reference seeking a mental health professional.

Date	Name/Address of Therapist or Doctor	State	Zip code
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HOWLAND TOWNSHIP FIRE DEPARTMENT

Application Questionnaire

14. SUPPLEMENTAL SHEETS

Use this sheet if you need additional room to explain or further add to your answers to a specific question. Place the Section and question in the column at the left, to correspond to the information you are adding.

HOWLAND TOWNSHIP FIRE DEPARTMENT

Application Questionnaire

14. Supplemental Sheets (Continuation)

Use this sheet if you need additional room to explain or further add to your answers to a specific question. Place the Section and question in the column at the left, to correspond to the information you are adding.

**HOWLAND TOWNSHIP
FIRE DEPARTMENT**
Application Questionnaire

15.CERTIFICATION

I hereby certify that the statements contained in this questionnaire are true and correct to the best of my knowledge, and that there are no willful misrepresentations, omissions, or falsifications in the preceding statements and answers. I am fully aware that, if an investigation reveals misrepresentations, omissions, or falsifications in any documents I submit or statements I make as part of this application questionnaire or background investigation, my application may be rejected and I may be disqualified from employment with the Howland Township Fire Department. Additionally, I understand that, in the event I am offered employment by and accept employment with the Howland Township Fire Department, any application questionnaire misrepresentations, omissions, or falsifications, which are revealed in any subsequent investigation, shall be just cause for immediate dismissal. Further, I realize that any falsehoods may subject me to prosecution under R.C. 2921.13.

I understand that this application questionnaire requires that I inform the Howland Township Fire Department relative to any change of my name, address, phone number, marital status, or other information contained in this application questionnaire.

For and in consideration of the Howland Township Fire Department's acceptance and processing of this application for employment, I agree to hold Howland Township, the Howland Township Fire Department, and their agents and employees harmless from any and all claims and liabilities associated with this application for employment, or in any way related to the decision whether or not to employ me with the Howland Township Fire Department.

DATE: _____

Signature of Applicant