



Fort Morrow Fire Department

306 North Marion Street
Waldo, Ohio 43356
740-726-2830 Fax: 740-726-0057
www.fortmorrowfire.com

APPLICATION

We consider applicants for appointment without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

(Please Print)

Position(s) Applied For: _____ Date of Application: _____

Name: _____
Last First Middle

Phone Number: _____ Social Security Number: ____-____-____ Date of Birth: ____-____-____

Available Start Date: _____ How many days a month are you looking to work: _____

Do you have a valid Ohio driver's License: Yes No Driver License Number: _____ Expiration: _____

Any accumulated traffic violation points on your driving record? Yes No Unknown

Have you ever been a member of Fort Morrow Fire Department? Yes No If yes: Date _____

Have you filed an application out for Fort Morrow Fire Department before? Yes No If yes: Date _____

Who Referred you? Friend Relative Walk-In Employee Employment Agency Other

Referral Source(s) Name: _____

If Required, will you undergo pre-employment physical for Ability Testing: Yes No

Special Skills & Qualifications: _____

Certification Numbers of State Fire and EMS Cards: _____ Expiration Date: _____

Please place and (X) of the following certifications you currently hold:

36 Fire 120 Fire 240 Fire Fire Inspector Fire Investigator

Hazmat Awareness Hazmat Operation Hazmat Technician Hazmat Specialist

Basic EMT Advanced EMT Paramedic



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EMPLOYMENT EXPERIENCE

LIST BELOW THE LAST THREE EMPLOYERS STARTING WITH MOST CURRENT FIRST

Employer Name: _____

Start Date: _____ Leaving Date: _____

Address _____

Name of Supervisor _____ Phone Number _____ May We Contact Your Supervisor _____

Description of Work _____

Reason for Leaving _____

Employer Name: _____

Start Date: _____ Leaving Date: _____

Address _____

Name of Supervisor _____ Phone Number _____ May We Contact Your Supervisor _____

Description of Work _____

Reason for Leaving _____

Employer Name: _____

Start Date: _____ Leaving Date: _____

Address _____

Name of Supervisor _____ Phone Number _____ May We Contact Your Supervisor _____

Description of Work _____

Reason for Leaving _____



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REFERENCES

LIST BELOW THREE PERSONAL/PROFESSIONAL REFERENCES

Name: _____ Years Known: _____

Reference Occupation: _____

Address: _____

Phone Number: _____ Best time to contact: _____

How do you know this person? _____

Name: _____ Years Known: _____

Reference Occupation: _____

Address: _____

Phone Number: _____ Best time to contact: _____

How do you know this person? _____

Name: _____ Years Known: _____

Reference Occupation: _____

Address: _____

Phone Number: _____ Best time to contact: _____

How do you know this person? _____

Thank you for filling out and application with Fort Morrow Fire Department

Please return this application to an officer of the Fort Morrow Fire Department