







# FIRE DEPARTMENT

Warren McCord  
Fire Chief

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## Fire/EMS Certification

Type of Certification

Certification Number

Expiration Date

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### Read the following statement before signing this application:

- A. I understand that this is an application and is not intended to be a contract of employment. I also understand that this application does not obligate the Newark Township Fire Department in any way should the Newark Township Fire Department to employ me.
- B. I understand and agree that the Newark Township Fire Department, its authorized representative, agent, or employee may take a thorough investigation of my past employment and activities. This may include, but is not limited to, a motor vehicle operator's license record check, a criminal background check, as well as a verification of past employment and qualifications. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application to release any and all information, personal or otherwise, that may or may not be on their records to the Newark Township Fire Department. I release all law enforcement agencies, previous employers and educational institutions from any and all liability to me arising out of the release of such information.
- C. I hereby release the Newark Township Fire Department, its agents, and employees from any and all liability or damages, which may result from exchange of all information requested pursuant to this application. I certify that all statements contained herein or provided to the Newark Township Fire Department in response to this application for employment are true and complete to the best of my knowledge. I understand that a false answer or material omission may be grounds for immediate dismissal from employment with the Newark Township Fire Department regardless of when the information is discovered.
- D. The Newark Township Fire Department is an equal opportunity/affirmative action employer/drug free workplace.

### Applicant Signature

\_\_\_\_\_

\_\_\_\_\_ Date

*Please attach a copy of a state or federal background check, drivers abstract, certifications, and driver's license to this application.*



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**Newark Township Fire Department  
310 Deo Dr., Newark, OH 43055  
MEMBERSHIP APPLICATION CHECKLIST**

Copy of state issued Fire/EMS certification

Copy of DD Form 214 (Military Only)

Copy of Drivers Abstract

<https://ext.dps.state.oh.us/BMVOnlineServices.Public/DLVerification.aspx?>

Copy of BCI or FBI background check

*Can be obtained at:*

*Licking County Sherriff's Office*

*Newark Police Department*

*Heath Police Department*

Copy of Driver's License

**Please keep this page for your reference.  
Do not submit this page with the completed application.**

**This checklist and application must be completed in its entirety.**