



# SHAWNEE FIRE DISTRICT

## FIRE CADET PROGRAM APPLICATION

### PERSONAL

Last		First			Middle		
Street Address				City/Town		State	Zip
Telephone Number							
(Day)		(Evening)		(Cell)			
Date of Birth	Age	Sex	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Place of Birth		

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination based on age with respect to certain individuals. The Laws of Ohio also prohibit some or all the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

Name and Address of Current Employer (If applicable)

Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/>	License Number	State	Expiration	Restrictions
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### MEDICAL

Have you had or do you have any impairments of sight, hearing, speech and/or any mental or physical disabilities? If so, please describe

Do you have any known allergic reactions to smoke, poison ivy/oak, insect stings, etc? If so, please describe

Have you had any serious illnesses or injuries in the last five years? If so, please describe and give any work limitations.

Have you ever received compensation for injuries? If yes, describe fully

### EMERGENCY & PARENTAL CONTACTS

Name	Relationship	
Telephone		
(Day)	(Eve)	(Cell)
Name	Relationship	
Telephone		
(Day)	(Eve)	(Cell)

### FIRE & EMS SERVICE

Are you, or have you ever been, a member of a Fire Cadet Program, Jr Firefighter Program or Fire Exploring Post? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list department & dates of service:
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Do you hold any of the following certifications? If yes, give date first certified, level of certification and date(s) of expiration			
	Date of first certification	Level of Certification	Expiration date
CPR			
FEMA NIMS/ICS			
Other:			

Have you had any specialized training, skills, experience, or qualifications that you feel might be of benefit to the SFA? Is yes, describe.

References (do not include relatives)		
Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

EDUCATION					
	Name of School & Location	Currently Enrolled?	Current Grade Level	GPA	Major
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other/Trade		Yes <input type="checkbox"/> No <input type="checkbox"/>			

CRIMINAL RECORD	
Have you ever been arrested and convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe	

**Please Read Carefully**

**I hereby certify that the facts set forth in this application is true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for my dismissal from the Shawnee Fire Cadets Program. The Village of Gratis and West Elkton Gratis Township Fire District reserves the right to investigate any or all answered or unanswered parts of this application.**

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**Signature of Applicant** **Date**

**I have reviewed the application and guidelines regarding the Fire Cadet program with the West Elkton Gratis Township Fire District/Shawnee Fire Alliance and understand the requirements of being a Fire Cadet. I further understand my child's performance, responsibilities, and duties within the organization and give consent for my child's participation in the program.**

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**Signature of Parent/Guardian** **Date**

**Internal use only. Do not complete.**

Background	Date	Interview Advisors	Date
School Grades Check		Interview Date:	