



SHAWNEE FIRE DISTRICT

Check all that you are applying for:

Volunteer Firefighter Other Firefighter Other (Please Specify): _____

PERSONAL

Last		First			Middle	
Street Address			City/Town		State	Zip
Previous Address (if less than 3 years at current address)						
Telephone Number						
(Day)		(Evening)		(Cell)		
State Certification Number (if applicable)		Date of Birth	Age	Sex	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Birth
Marital Status	Dependents					
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 on the basis of age with respect to certain individuals. The Laws of Ohio also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.						
Occupation						
Name and Address of Current Employer						
Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License Number		State	Expiration	Class	Restrictions

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 CONTACT

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

FIRE & EMS SERVICE

Are you, or have you ever been, a member of Gratis EMS, Gratis Fire, and/or West Elkton Gratis Township Fire District?

If yes, dates of service.

Yes No

Are you presently or currently a member of a fire or EMS department?

Name and Address of Department

No Fire EMS Both

Do you hold any of the following certifications? If yes, give the date first certified, level of certification, and date(s) of expiration

	Date of first certification	Level of Certification	Expiration date
CPR			
EMT/EMR			
Firefighter			
Inspector			
Instructor			
Other please specify:			

In the past five years have you attended any specialized training classes and/or attended any fire or EMS schools? If yes, list types, dates of training, and note certificates issued.

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

Availability for shifts/calls:

Days

Evenings

Nights

Other:

MILITARY SERVICE						
Have you ever served in the Armed Forces of the United States or the National Guard?			No <input type="checkbox"/>	Yes <input type="checkbox"/> Highest Rank?		
Branch	Dates of Service From To		Type of Discharge		Date of Discharge	
Service Job Description						
References (do not include relatives)						
Name		Address			Telephone	
Name		Address			Telephone	
Name		Address			Telephone	
EDUCATION						
	Name & Location		Graduated	Years Attended	Degree	Major
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>			
College			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business/Trade			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>			
CRIMINAL RECORD						
Please complete the following:						
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 Village of Gratis, Village of West Elkton, Gratis Township, and/or Shawnee Fire District. The Shawnee Fire District reserves the right to investigate any or all answered or unanswered parts of this application.

Signature of Applicant

Date

Internal use only. Do not complete.

Background	Date	Interview	Date
Preble County Sheriff's Department		Chief's Interview Date:	
WebCheck BCI & FBI		Committee Interview Date:	