



Holmes Fire District #1
Appointment Application

Date of Completion:
____/____/20__

Personal Information-

Name: _____
Last First Middle

Address: _____
Street City State/Zip

Phone: _____
Home Cell Work

SSN #: ____ - ____ - ____

Height: __' __" **Weight:** ____ lb

Notify In Emergency: _____ **Phone:** _____

Relationship: _____

Is there any reason that you would be unable to fulfill the essential functions for the job as a firefighter, with or without accommodations? _____

If you can perform the job with accommodations, what accommodations do you need? _____

Military Service-

Branch: _____ **Last Rank:** _____

Type of Discharge: _____ **From:** _____ **To:** _____

Education-

	School	Location	Grades Completed	From: To:
Grammar				
High School				
College or Tech Training				
Fire School/ Training				
EMS Training				

Employment Record-

Present Employer: _____ How Long: _____

Position/Type _____

Supervisor: _____ Work Hours: _____

Will your employer release you to answer fire calls? _____

Previous Employers-

Company: _____ How Long: _____

Position/Type _____

From: _____ To: _____ Reason For Leaving _____

Previous Employers (Continued)-

Company: _____ **How Long:** _____

Position/Type _____

From: _____ **To:** _____ **Reason For Leaving** _____

Company: _____ **How Long:** _____

Position/Type _____

From: _____ **To:** _____ **Reason For Leaving** _____

Personal References- (Please do not list relatives or present members of Holmes Fire District #1.)

Name: _____ **Phone:** _____ **Years Known** _____

Name: _____ **Phone:** _____ **Years Known** _____

Name: _____ **Phone:** _____ **Years Known** _____

Acknowledgements- (Please initial appropriate answer.)

1.) Have you been convicted of, pled guilty to, or had a judicial finding of guilt for any of the following: fraud or material deception in applying for, or obtaining a fire certificate; a felony; a misdemeanor of moral turpitude; a violation of any federal, state, county or municipal narcotics law; any act committed in another state, that if committed in Ohio, would constitute a violation set forth in 4765-11-03(a)(16)(b) of the Ohio Administrative Code?
_____Yes_____No

2.) Have you been adjudicated mentally incompetent by a court of law?
_____Yes_____No

3.) Are you currently under indictment for a felony or a misdemeanor involving moral turpitude?
_____Yes_____No

4.) Do you currently engage in the illegal use of controlled substances, chemical substances, or other habit-forming drugs or engage in the use of alcohol to an extent that it impairs the ability to perform the duties of a Firefighter or EMT?
_____Yes_____No

5.) Are you willing to submit to a physical examination at our expense, to provide a recent acceptable record of the same, prior to placement on probationary status?
_____Yes_____No

6.) Although EMT is not an essential requisite in becoming a Holmes Fire District #1 firefighter, if you were approved for membership, would you be willing to take the necessary training, as required by the state of Ohio, to become a Certified EMT or Higher? The cost of this is covered by Holmes Fire District #1
_____Yes_____No

7.) Do you understand and agree that your primary duties would be with the fire department, its function, training, services, and incidents and that emergency medical service activities are in addition and not in lieu of firefighting activities?

_____Yes_____No

Acknowledgements- (continued)

8.) I understand that my appointment and membership is contingent upon a six month probationary period and a successful completion of the firefighter 1A course, or its equivalent, as prescribed by the state of Ohio. At that time, I may or may not be accepted as a member of Holmes Fire District #1 firefighters. Acceptance is dependent upon general attitude and attention to duties, functions, training, and response to incidents relating to the departments.

_____Yes_____No

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to Holmes Fire District #1 to verify any of the above information.

Applicant Signature: _____



PLEASE COMPLETE AND RETURN TO HOLMES FIRE DISTRICT # 1