



NEW WASHINGTON FIRE DEPARTMENT

PO Box 217
119 E. Mansfield Street
New Washington, Ohio 44854
Phone: (419) 492-2563

Fire Department Member Application

Applicant's Name and Contact Information

Last _____ First _____ Middle _____

Address _____ City _____ Zip _____

Home/Cell Phone _____ email _____

1. Are you legally authorized to work in the U.S.? YES NO

2. Are you 18 years of age? YES NO

3. Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? (Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position).
 YES NO (Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position)

If yes, please explain: _____

4. Do you have any commitments or responsibilities that might prevent you from meeting job requirements? YES NO

If yes, please explain: _____

Education and Training

1. High School: _____ Did you graduate? ___ YES ___ NO

2. College/Trade School: _____ Subject/Major _____

Did you receive a degree? ___ YES ___ NO

3. Please list any skills which you feel relate to this position:

4. Have you received Firefighter/E.M.S. training in the past? ___ YES ___ NO

If yes, type of Firefighter/E.M.S. training: _____ Date: _____

5. Have you received first aid, CPR or AED training in the past? ___ YES ___ NO

If yes, type of training: _____ Date: _____

Driving Record Check

1. Do you agree to a driver's license record check? ___ YES ___ NO

a. Driver's license number: _____ State of issuance: _____

b. Do you have truck driving experience? ___ YES ___ NO Type of vehicle: _____

c. CDL class - ___ A ___ B ___ C

d. Endorsements: _____

AVAILABILITY, RESPONSE AND ATTENDANCE

1. Approx. distance from your home to station _____

2. Approx. distance from your work to station _____

3. Our business meetings are held on the first Wednesday of each month at 7:00 PM. While we understand not everyone can make every meeting it is important to make meetings when possible to remain well informed on Fire Department business.

Will you be able to make the meetings on a frequent basis? YES NO

4. Our training meetings are held on the third Wednesday of each month at 7:00 PM. We also attempt to have an occasional Saturday training for those who work nights and can not make the Wed. meetings. Attending training meetings will help you become familiar with our equipment, techniques, policies and coverage area. We issue CEs for training received at the meetings. This will help you meet your required continuing education for certification renewal.

Will you be able to make training meetings on a frequent basis? YES NO

5. Do you currently have any Fire certifications? If YES list below. YES NO

6. Do you currently have any EMS certifications? If YES list below. YES NO

Employment History and References

Current Employer: _____

Phone: _____ Contact: _____

Previous Employer: _____

Phone: _____ Contact: _____

List any military service and reserve status

List any mechanical, electrical, plumbing experience below

List three references, two must be non family member.

1 Name: _____ Relationship: _____

Phone: _____

2 Name: _____ Relationship: _____

Phone: _____

3 Name: _____ Relationship: _____

Phone: _____

I acknowledge and understand that application to become a firefighter with the New Washington Fire Department will be subject to a 12-month probationary period with review after six (6) months. New Washington Fire Department will pay for training of approved candidates after they have satisfactorily proven the willingness, dedication and ability to perform required tasks. Applicants will obtain a physical exam from their family doctor, New Washington Fire Department will pay/reimburse for the physical. Applicants will also be required to complete a BCI/FBI background check which will be paid for by New Washington Fire Department.

Applicant's Signature _____ Date _____