

Hartsgrove Volunteer Fire Department

Application for Membership

- **PLEASE PRINT**
- Temporary appointment **requires** a 90 (ninety) day probationary period be served during which time you will be required to complete a physical, drug screen and background check.
- Permanent appointments cannot be approved by the Board of Trustees of Hartsgrove Township, by law, without the above **and** completion of a minimum Firefighter (VFF level) certification issued by the State of Ohio within one year.

I am applying for membership as a ____ Cadet ____ Firefighter/Trainee ____ Ancillary Support

Personal Information

Name _____ Date of Birth _____

Social Security # _____ Primary Phone # _____

Address _____ City _____ Zip _____

Previous Address _____

Time at Present Address _____ Time at Previous Address _____

Have you every been convicted of a felony? _____

Employment Information

Current Employer _____

Address _____ Phone _____

Occupation _____ Length of Service _____

Normal working hours _____ Supervisor _____

Previous Employer _____

Personal References (OTHER than relatives or employers)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Driver Information

Valid Drivers License? _____ License # _____ State _____

Auto Insurance? _____ Insurance Company _____

Do you have any infractions/points on your license in the last 2 years? _____

By signing this application, I understand that my driving record will be checked and if accepted for membership, I will be subject to driving records checks on a yearly basis.

Education

High School _____ Grade Completed _____

College _____ Level Completed _____

Degrees or Certificates? _____

Please attach copies of any listed certifications/degrees.

Previous fire service ? _____ Where? _____ When? _____

Other pertinent trainings? (EMS/First Aid/EMGT) _____

Physical Information

Height _____ Weight _____ Hair Color _____ Eye Color _____

Medical Information

Do you have any known allergies? _____ Please list if yes _____

Please complete the following brief history of physical status as of the date of application. "YES" answers will require full explanation. The fire department requires a full physical examination, at their expense.

1. Eyesight:

- | | | |
|---|-----|----|
| a. Have you lost use of either eye? | Yes | No |
| b. Is peripheral (side) vision restricted? | Yes | No |
| c. Are you color blind? | Yes | No |
| d. Are any deficiencies corrected with glasses or contact lenses? | Yes | No |

2. Hearing:

- | | | |
|--|-----|----|
| a. Do you have difficulty hearing normal conversational level? | Yes | No |
| b. Do you use a hearing aid? | Yes | No |

3. Endocrine

- | | | |
|---|-----|----|
| a. Have you ever been treated for diabetes/pre-diabetes/hypoglycemia? | Yes | No |
|---|-----|----|

If **yes**, describe current control measures, including medications if any in remarks section.

4. Cardiovascular:

- | | | |
|---|-----|----|
| a. Have you ever been treated for heart disease or any cardiac insufficiency? | Yes | No |
| b. Have you ever been treated for high blood pressure? | Yes | No |

If **yes**, describe current control measures, including medications if any in remarks section.

5. Neurological:

- | | | |
|---|-----|----|
| Have you ever been treated for a neurological disorder/epilepsy/seizures? | Yes | No |
|---|-----|----|

If **yes**, describe current control measures, including medications if any in remarks section.

6. Miscellaneous:

- | | | |
|---|-----|----|
| a. Have you ever had fainting spells/loss of equilibrium? | Yes | No |
|---|-----|----|

b. Have you ever been treated for alcohol or drug abuse? Yes No

c. Have you ever been treated for mental illness/depression/anxiety? Yes No

If **yes**, describe current control measures, including medications if any in remarks section.

7. What is the date of your last physical examination?....._____

8. Are there any restrictions posted on your vehicle operators license? Yes No

If **yes**, list in remarks section.

9. Are there any conditions not mentioned

above which may affect your ability to operate a motor vehicle or may

affect you ability to perform your duties as a firefighter? Yes No

If **yes**, list in remarks section.

REMARKS:_____

Family Information

Marital Status: _____ single _____ married _____ widowed _____ seperated _____ divorced

If married, spouses name _____

Name of nearest relative (not living with you) _____

Address _____ Phone _____

Relationship to Above _____ (son, daughter, mother, father, etc.)

Do you have children? _____ # of children _____ Ages _____

Emergency Contact Information

Name_____

Address_____

Phone (s)_____

Relationship (family, friend, etc.)_____

Beneficiary

Please list a beneficiary in the event of a fatal accident.

Name_____

Address_____ Phone_____

Relationship_____

I, _____ understand and agree that any misrepresentation of the facts of this application shall be good cause for discharge upon discovery by Hartsgrove Volunteer Fire Department, its officers, or the elected trustees of Hartsgrove Township.

I understand that if I am accepted for membership in the Hartsgrove Volunteer Fire Department, I will obey the rules and regulations of the department and the orders of the duly appointed officers. I will also avail myself in a professional manner at all times so long as I am associated with the department.

I authorize Hartsgrove Volunteer Fire Department, its officers or the elected trustees of Hartsgrove Township to make a full and complete investigation of the information on this application and attachments and of my background. I further certify that I have no special impairments or health conditions, other than indicated, which would restrict my activities.

SIGNATURE_____ DATE_____