

DAMASCUS FIRE DEPARTMENT, INC

Application for Membership

Please fill out both pages of this form completely and legibly. Failure to provide all information requested may delay the application process. If you have any questions, please call the Damascus Fire Department (DFD) administrative office at 330-537-2080.

PERSONAL INFORMATION

NAME: Last			First	Middle	DATE OF BIRTH		AGE
ADDRESS: Number & Street					CITY	STATE	ZIPCODE
PREVIOUS ADDRESSES IN LAST FIVE YEARS (Use extra page if necessary – Include how long you lived at each residence)							
HOME PHONE		CELL PHONE		CELL PHONE CARRIER NAME		E-MAIL ADDRESS	
PLACE OF BIRTH			U.S. CITIZEN?	IF NOT A CITIZEN, LEGAL RESIDENT?		MAIDEN NAME (if applicable)	
SEX	HEIGHT	WEIGHT		MARITAL STATUS		SOCIAL SECURITY NUMBER	
PERSON TO CONTACT IN CASE OF EMERGENCY			CONTACT'S RELATIONSHIP TO YOU			CONTACT'S PHONE NUMBER(S)	
CONTACT'S ADDRESS							

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:	IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED	NAME/LOCATION OF HIGH SCHOOL	GED? If yes, date completed:		
ENTER BELOW ANY COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS OR TRADE SCHOOLS ATTENDED (Use extra page if necessary)					
Name of school	City/State	Dates Attended	Major	Credits	Degree

FIREFIGHTER/EMT TRAINING

ENTER BELOW ALL FIREFIGHTER, EMT, PARAMEDIC OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)				
Type of Certification	Date received	Expiration date	Jurisdiction in which received	Certification Number

DRIVING RECORD

Check here if do not hold a driver's license

OHIO DRIVER'S LICENSE NUMBER (Indicate if you hold an out-of-state license)	LICENSE EXPIRATION DATE	CURRENT # OF POINTS (if any)
CLASS OF PERMIT	RESTRICTIONS	Has your permit ever been revoked? If yes, explain.

PERSONAL REFERENCES

The DFD Board of Trustees will contact each of these references by telephone. **These persons should not be related to you**, but should be able to comment on your education, work experience, character, and/or community service involvement.
PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES

NAME	TELEPHONE NUMBER AND BEST TIME TO CALL	OCCUPATION/TITLE

EMPLOYMENT HISTORY

Begin with your most recent employer and work back at least five years. Use an extra page if necessary. The DFD Board of Trustees will contact your current employer to confirm this information.

EMPLOYER NAME	YOUR POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

Have you ever been dismissed or forced to resign from any position? If yes, please explain:

MILITARY EXPERIENCE

If you have served in the military fill out boxes that apply.	MILITARY BRANCH	RANK	DATES OF SERVICE	TYPE OF DISCHARGE
SERVICE NUMBER(S)				
Briefly describe your military job(s) and training.				

GENERAL INFORMATION

Have you ever been convicted, fined, placed on probation, or imprisoned since your eighteenth birthday? If yes, explain.	YES	NO	
Have you ever been an applicant, member, or employee of Damascus Fire Department or <u>any</u> other fire dept. or rescue squad? If yes, please provide information below. Use an extra page if necessary.	YES	NO	
NAME OF DEPARTMENT	ADDRESS	SUPERVISOR	DATES OF SERVICE

SHORT ESSAY

In the space below – or on a separate sheet of paper – please indicate why you wish to join the Damascus Fire Department.

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department. I authorize Damascus Fire Department (DFD) representatives to contact by telephone or personal interview or in writing the persons listed as references on this application and to confidentially gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for probationary membership by DFD, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the references contacted and DFD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded. All applicants will be subject to a Bureau of Criminal Investigation (BCI) background check if approved by the DFD Board of Trustees.

 APPLICANT'S SIGNATURE

 DATE OF APPLICATION