



FALLS TOWNSHIP FIRE DEPARTMENT, INC.
Application for Membership / Employment

P.O. Box 2215
Zanesville, OH. 43702
740-453-1942

"Dedicated to the preservation and the protection of life and property"

Applying for: Volunteer _____ Junior Membership _____ Part-Time _____ Full-Time _____

Personal Information:

Name: _____

Home Address: _____
City State Zip

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Licenses/Professional Certifications: (Attach all proofs of education and certifications required for the position you are applying for if applicable.)

Driver's License _____
Number State Class (Exp. Date)

Professional License _____
Number State (Exp. Date)

Certifications _____
Type State (Exp. Date)

Type State (Exp. Date)

Type State (Exp. Date)

Experience: List all employment and/or volunteer jobs, beginning with your current employer or your last job. List promotion as a new job. Attach extra pages if needed.

Employer _____ Position _____

Phone _____ Supervisor _____

Dates employed _____

Reason for leaving _____

Description of duties, responsibilities & equipment operated: _____

May we contact this employer? Yes _____ No _____

Employer _____ Position _____

Phone _____ Supervisor _____

Dates employed _____

Reason for leaving _____

Description of duties, responsibilities & equipment operated: _____

May we contact this employer? Yes _____ No _____

Employer _____ Position _____

Phone _____ Supervisor _____

Dates employed _____

Reason for leaving _____

Description of duties, responsibilities & equipment operated: _____

May we contact this employer? Yes _____ No _____

References of this department: (Falls Fire Department members or employees ONLY)

1. _____
2. _____
3. _____
4. _____
5. _____

References: Do Not Include Relatives

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Acknowledgment and Authorization

I certify that information furnished in the application and attachments is true and complete to the best of my knowledge.

I understand and agree to a pre-employment drug screening, and in the event test results are positive, that Falls Township Volunteer Fire Department Inc. will not extend or may withdraw an offer of employment.

I understand and agree that Falls Township Volunteer Fire Department Inc. may conduct a general background investigation, as well as investigate the information I have furnished; and I authorize any person, firm or organization to supply any information about me concerning any past employment, military duty, conviction or personal information to Falls Township Volunteer Fire Department Inc. I hereby release all parties from liability for any damage that may result from disclosing such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Falls Township Volunteer Fire Department Inc. administrative board.

I understand that I am required to abide by all rules and regulations of Falls Township Volunteer Fire Department Inc. and in the event of employment, I understand that false or misleading information given in my application or interview can lead to the withdrawal of an offer of employment or may result in termination from employment with Falls Township Volunteer Fire Department Inc.

Signature of Applicant

Date

For department use only:

Attendance: ____/____/____
 ____/____/____
 ____/____/____
 ____/____/____

Waiting List: ____/____/____
Probation: ____/____/____
Full Member: ____/____/____
Other Actions: ____/____/____
PT or FT App Received ____/____/____
Date Hired ____/____/____

**FALLS TOWNSHIP VOLUNTEER FIRE DEPARTMENT, INC.
BUSINESS MEETING/TRAINING
SIGN-OFF SHEET**

Once your application has been accepted you will need to have the following four (4) attendance of trainings or business meetings signed by either an officer or board member. This form will need to be given to the Vice President prior to the business meeting that you will be voted on. This form is your responsibility, should it become lost it may be necessary to repeat the attendance, and delay your probationary membership vote.

- 1. Name: _____ Date: ____/____/____
- 2. Name: _____ Date: ____/____/____
- 3. Name: _____ Date: ____/____/____
- 4. Name: _____ Date: ____/____/____

After your 4th attendance date, you will be voted on for probationary membership at the first business meeting of the month.

Please print your name here: _____

For department use only:

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Date of Probationary Membership ____/____/____

6 Months (Starting the following Month of the above date) _____

Date of actual Full Membership: _____