

## Falls Township Volunteer Fire Department, Inc.

Welcome to the Falls Township Volunteer Fire Department. We are excited to have you join our organization, and hope that you are as excited about joining. This packet is designed to help you along during your probationary period. The packet includes your application and a section to help you become familiar with the equipment, both fire and EMS. Not all items included in the vehicle check offs will apply to everyone, as they are designed for both fire and EMS personnel. Also included in this packet is a phone list of all personnel. As some of these phone numbers are not listed in the phone book, please do not give out any of these numbers to non fire department personnel. Again, we are excited to have you join us. If there is anything we can do to help you, please do not hesitate to ask.

Station 301

740-453-1942

Station 302

740-453-9144



**FALLS TOWNSHIP FIRE DEPARTMENT, INC**  
**Application for Membership**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

In Case Of Emergency  
Notify: \_\_\_\_\_

Applying For: Full Membership \_\_\_\_\_ Junior Membership \_\_\_\_\_ Part-Time \_\_\_\_\_

Are You 18 Years of Age or Older: Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Employment \_\_\_\_\_

Is There Any Time You Are Not Available? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, When? \_\_\_\_\_

Do You Have A Valid Drivers License? \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Have You Ever Had a Driving Violation Or Accident On Your Driving Record? If Yes, Describe  
What Occurred, Where, and Date: \_\_\_\_\_

\_\_\_\_\_

Have You Ever Been Convicted Of a Crime Other Than a Minor Traffic Violation? If Yes,  
When and Where: \_\_\_\_\_

\_\_\_\_\_

Do You Have Previous Fire/Squad Training, or a Past Member of Another Department: Y N  
Explain: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES OF THIS DEPARTMENT**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**OTHER: Do Not Include Relatives**

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

**FOR DEPARTMENT USE**

ATTENDANCE: \_\_\_\_\_  
                  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Waiting List: \_\_\_\_\_  
Probation: \_\_\_\_\_  
Full Member: \_\_\_\_\_  
Other Actions: \_\_\_\_\_

**FALLS TOWNSHIP FIRE DEPARTMENT INC.**  
**Authorization to Obtain Consumer Report**  
**15 U.S.C. 1681b(b)(2)(B)**

I authorize Falls Township Fire Department Inc. To obtain a consumer report for employment purposes. I understand that inquiry may include conviction records, motor vehicle records and references. This information shall be released to:

Falls Township Fire Department Inc.  
3095 Dillon Falls Road  
Zanesville, Ohio 43701

Name (print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ License Number: \_\_\_\_\_

*For Identification Purposes:*

Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Former or Other Names: \_\_\_\_\_

Professional License (e.g. Commercial, etc.): State: \_\_\_\_\_ Type: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This authorization is given pursuant to the Fair Credit Reporting Act, U.S.C. 1681b(b)2(B). The Fair Credit Reporting Act requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes.*

**FALLS TOWNSHIP FIRE DEPARTMENT INC.  
3095 Dillon Falls Road  
Zanesville, Ohio 43701**

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Applicant:

This letter is to notify you that the Falls Township Fire Department Inc. Intends to deny your application for membership based upon- in whole or in part- on information contained in a consumer report. Enclosed is a copy of this consumer report, as received from:

Under the Fair Credit Reporting Act, You have certain right. As a summary of these rights is enclosed.

This notice is provided pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681 b(b)(3).

Note: The FCRA requires that before taking any adverse action based on whole or in part on a consumer report, the person intending to make such adverse action shall provide a consumer copy of the report and a written summary of the consumer's rights.

**FALLS TOWNSHIP FIRE DEPARTMENT INC.**  
**Disclosure of Obtaining a Consumer Report**  
**15 U.S.C. 1681 b(b)(2)(A)**

As part of its employment application process, Falls Township Fire Department Inc. May obtain a consumer report for employment purposes. Inquiry may include, but is not limited to: conviction records, motor vehicle records, and references.

This disclosure is made pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681 b(b)(2)(A).

The Fair Credit Reporting Act requires that a prospective employee be provided with a “clear and conspicuous disclosure” in writing that a consumer report may be obtained for employment purposes. The disclosure document used may only consist of such disclosure.

**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 the secretary or the officer in charge of the training. This form will need to be given to the secretary 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 4<sup>th</sup> attendance date, you will be voted on for probationary membership at the first business meeting of the month.

Please print your name here: \_\_\_\_\_

For Office Use

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Date of Probationary Membership \_\_\_\_/\_\_\_\_/\_\_\_\_  
6 Months (Starting the following Month of the above date) \_\_\_\_\_

Date of actual Full Membership: \_\_\_\_\_