

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.



FALLS TOWNSHIP FIRE DEPARTMENT, INC
Application For Membership

Name: _____ Date: ____/____/____

Address: _____

Phone Number: _____ Social Security Number: ____-____-____

In Case Of Emergency
Notify: _____

Are You Applying For: Full Membership _____ Junior Membership _____

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 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 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: _____

