

# DRESDEN VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

Application for: Firefighter \_\_\_\_\_ Emergency Medical Technician \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street & Mailing Address \_\_\_\_\_

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

How long have you resides at this address? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Shift Worked? \_\_\_\_\_ Days Worked? S M T W T F S (circle)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have a valid Ohio Drivers License? Yes / No License No. \_\_\_\_\_

Are you a High School graduate? Yes / No - Name of school \_\_\_\_\_

Location of school – City \_\_\_\_\_ State \_\_\_\_\_

Are you certified as a Firefighter in Ohio? Yes / No – Level \_\_\_\_\_

Are you certified as an EMT in Ohio? Yes / No – Level \_\_\_\_\_

Have you ever been a member of a Fire Department or Emergency squad? Yes / No

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Do you have any training or experience that you feel would benefit you if you were a member of the fire department? If so, list below.

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**Do you have any physical or mental conditions (heart condition, high blood pressure, etc. ) that would prevent you from responding to alarms or functioning as a Firefighter and/or EMT? If so please list below.**

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**Have you ever been convicted of a felony? Yes / No**

**List three (3) references below May we contact them? Yes / No**

**Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**If you are considered as a member of the Dresden Volunteer Fire Department you will be requested to give the department permission to conduct the following.**

- 1. Conduct a background check with law enforcement agencies.**
- 2. Check with the State of Ohio on your driving record.**
- 3. Submit to a physical examination from a physician of the department's choice and at the department's expense.**

**All information is true and accurate to the best of my ability.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**If you wish to submit any additional information with this application you may do so.**