



Pleasant Township Fire Department

Dear Applicant,

Thank you for your interest in our fire department. We are a growing department who accepts applications on a continuous basis. Please fill-out the application in it's entirety. If any blank does not apply to you, please fill-in the space with "N/A." All applications will remain on file for a period of 1 year. In order to apply for membership with this department, you must meet *ALL* of the following criteria:

Valid Ohio Driver's License
18 years of age or older
High School Diploma or GED

Please attach the following information listed below to your application. Do not attach any certificates of continuing education classes. Only attach actual certifications.

Copy of your valid Ohio driver's license
Copy of all certifications for fire, EMS, haz-mat, etc.
Driver's Abstract (Obtained through the BMV)
Copy of High School Diploma or GED

Failure to perform any of the required tasks above will result in the dismissal of your application. Once again, thank you for interest in us.

Sincerely,

The Administrative Staff



Pleasant Township Fire Department

Full-Time ___ Part-Time ___ Vol. ___ Application Date _____

Level of training: Firefighter _____

Level of training: EMS EMT-B ___ EMT-I ___ EMT-P ___

Applicant Information

Name: (Last) _____ (First) _____ (M.I.) _____

Physical Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Mailing Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

() _____ () _____ / /

Home Phone # _____ Cell/Pager # _____ Birth Date _____ Age _____
- - _____ ' " _____ lbs.

Social Sec. # _____ Place of Birth (*city & state*) _____ Height _____ Weight _____

Driver's Information

Do you own a vehicle? Y N Do you have auto insurance? Y N

/ /

Driver's License # _____ Expiration Date _____

Do you have a driving record? Y N

If yes, please explain in detail in correlation with your attached driver's abstract. Please attach an additional sheet if needed.



Pleasant Township Fire Department

/ /

Incident Date	Offense Type	Law Enforcement Agency
---------------	--------------	------------------------

Points for Offense	City & State
--------------------	--------------

Please describe, in detail, the offense

/ /

Incident Date	Offense Type	Law Enforcement Agency
---------------	--------------	------------------------

Points for Offense	City & State
--------------------	--------------

Please describe, in detail, the offense

/ /

Incident Date	Offense Type	Law Enforcement Agency
---------------	--------------	------------------------

Points for Offense	City & State
--------------------	--------------

Please describe, in detail, the offense

Criminal Record Information

Have you ever been arrested for any other offense? Y N

If yes, please explain in detail. Please attach an additional sheet if needed.

/ /

Arrest Date	Offense Type	Law Enforcement Agency
-------------	--------------	------------------------

Y N

City & State	Where you convicted?	What was your punishment? (<i>jail, com. service</i>)
--------------	----------------------	---------------------------------------------------------

How long was your sentence?	Where was your sentence performed? (<i>What jail, prison, etc.</i>)
-----------------------------	-----------------------------------------------------------------------

Station 571
106 E. Columbus St.
Pleasantville, OH 43148
PH: (740) 468-3385

Station 572 (Main Office)
2925 Lancaster – Thornville Rd.
Lancaster, OH 43130
PH: (740) 654-8355
Fax: (740) 654-7276



Pleasant Township Fire Department

/ /

Arrest Date	Offense Type Y N	Law Enforcement Agency
City & State	Where you convicted?	What was your punishment? (<i>jail, com. service</i>)
How long was your sentence?	Where was your sentence performed? (<i>What jail, prison, etc.</i>)	

/ /

Arrest Date	Offense Type Y N	Law Enforcement Agency
City & State	Where you convicted?	What was your punishment? (<i>jail, com. service</i>)
How long was your sentence?	Where was your sentence performed? (<i>What jail, prison, etc.</i>)	

Educational Information

Fire, EMS, Haz-mat, & Specialty Training

Please list all schools attended, starting with the most recent. Please include all colleges & academies. Please attach an additional sheet if needed.

School Name	Start Date	Finish Date	Graduate?	Certification Received
1)	/ /	/ /	Y N	
2)	/ /	/ /	Y N	
3)	/ /	/ /	Y N	
4)	/ /	/ /	Y N	

Station 571
 106 E. Columbus St.
 Pleasantville, OH 43148
 PH: (740) 468-3385

Station 572 (Main Office)
 2925 Lancaster – Thornville Rd.
 Lancaster, OH 43130
 PH: (740) 654-8355
 Fax: (740) 654-7276



Pleasant Township Fire Department

General Education

Please list all schools attended, starting with the most recent. Please include all colleges, universities, high school, & academies. Please attach an additional sheet if needed.

School Name	Start Date	Finish Date	Graduate?	Diploma, Degree Received
1)	/ /	/ /	Y N	
2)	/ /	/ /	Y N	
3)	/ /	/ /	Y N	
4)	/ /	/ /	Y N	

Previous Addresses

Please list the last 3 addresses in which you lived at, beginning with the most recent.

Years lived at current address?

Address City State Zip

Address City State Zip

Address City State Zip



Pleasant Township Fire Department

Employment Information

Please list all employers, starting with the most recent. Please include all employers from the past 5 years. Please attach an additional sheet if needed.

Employer Name & Address	Start & End Dates	May we contact your employer?	Reason for leaving?	Supervisor Name & Phone #
1)	/ / / /	Y N		
2)	/ /	Y N		
3)	/ /	Y N		
4)	/ /	Y N		
5)	/ /	Y N		

Reference:

Please list 3 references that we may contact to describe your character. All references must have been known for at least 2 years.

Name	Address	City, State, Zip	Phone #	Years Known
1)				
2)				
3)				

Station 571
106 E. Columbus St.
Pleasantville, OH 43148
PH: (740) 468-3385

Station 572 (Main Office)
2925 Lancaster – Thornville Rd.
Lancaster, OH 43130
PH: (740) 654-8355
Fax: (740) 654-7276



Pleasant Township Fire Department

Information Release:

I hereby declare that the information in this application is true to the best of my knowledge. I also understand that the information may be released only to the designated authorities for evaluation purposes. I hereby give permission to the personnel committee to investigate my background. I hereby understand that I must pass the fire department prescribed physical examination performed by a State of Ohio licensed physician and must also pass the fire department prescribed physical agility & written test, if so required.

I hereby understand that if accepted, I will be a probationary member for a period of one year. If any of the information in this application is perjured, I understand this will be grounds for immediate dismissal.

Applicant: Signature

Date

Witness: Signature

Printed Name

Date

Information Release:

I hereby authorize the release of this form to appropriate officials for recruitment purposes.

Applicant: Signature

Date

Witness: Signature

Printed Name

Date



Pleasant Township Fire Department
Department use only

/ /
Interview Date

(Circle those that apply)

Position Interviewed For: Full-time Part-time Volunteer Evaluationary
Requirements Met:

Medical? Y N Physical Agility? Y N N/A

OP&F Pension Fund? Y N N/A Other Requirments? Y N N/A

List requirements not met

References Contacted:

Reference #	Contacting Person	Date & Time
1		
2		
3		

Reference Comments:

Reference #	Comments
1	
2	
3	

Comments:



Pleasant Township Fire Department

Accepted: Y N Date: _____

Evaluatory Volunteers Only

_____/_____/_____ /_____/_____ /_____/_____

Program Acceptance

Completion

Official Appointment

Volunteer Probation

_____/_____/_____ /_____/_____

Start Date

Completion Date

Interview Committee

Print Name	Signature	Date
		/ /
		/ /
		/ /
		/ /

Fire Chief Signature

/ /

Date