



Barnesville Fire Department
125 E Church St.
Barnesville, OH 43713
(740) 425-3054

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ / _____ / _____ SSN: _____

Sex: _____ Height: _____ Weight: _____

Valid Driver's License State Issued: _____ Expiration: _____

Education: _____

Level of Fire Certification: _____

Level of EMS Certification: _____

State Issued In: _____ State Cert. Number: _____

Expiration of Certification: _____ Additional Certs: _____

NREMT Certification Number: (if applicable) _____

Experience: _____

Two Personal References and Phone Numbers:

1 _____

2 _____

All Work History:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

Do you suffer from any health problems that would prevent you from lifting, (minimum of 50 lbs), climbing stairs or other dangerous or heavy labor? _____

If so please state the reason why: _____

Do you suffer from any of the following, check all that apply to you?

Claustrophobia (fear of closed or narrow spaces) _____

Acrophobia (fear of heights) _____

Any Respiratory Disorder _____

Any Cardiovascular Disorder _____

Epilepsy _____

Diabetes _____

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
AFFIDAVIT OF MEETING ADMISSION REQUIREMENTS

In applying for a Certificate of Equivalency you must meet the following requirements

If you answer YES to any of the following questions you are not eligible to be certified as a Firefighter/ EMT in the State of Ohio.

Are you under 18 years of age? _____

Are you currently enrolled in High School? _____

Have you been convicted of, pled guilty to, had a judicial finding of guilty for any of the following:

Any Felony: YES NO

Any misdemeanor involving moral turpitude: YES NO

Any violation of any Federal, State, County,
or Municipal narcotics Laws: YES NO

Have you committed fraud or material
deception in applying for, or obtaining a
Certificate issued in accordance with this
application? YES NO

Have you been adjudicated mentally
incompetent by a Court of Law? YES NO

Are you under indictment for a felony or
misdemeanor? YES NO

Do you currently engage in illegal use of a
controlled substances, alcohol, or other
habit forming drugs or chemical substances
to an extent that it impairs the ability to
perform the duties of a Firefighter/EMT or
Fire Safety Inspector? YES NO

Would you be able to attend fire meetings held on the First Tuesday of each month at 07:00 p.m.?

Would you be able to attend fire trainings held on the Third Tuesday of each month at 07:00 p.m.?

Would you be able to attend EMS meeting (if applicable) on the first Monday of each month?

1. I, the undersigned, give permission to the members of the Barnesville Fire Department, Village of Barnesville and the Ohio Department of Public Safety, Division of Emergency Medical Services to verify any and all information.

2. If applying for the Fire Department, I understand that I must take and successfully complete a 36 hour Basic Firefighting Class **WITHIN 1 YEAR** of my acceptance date and I must complete a minimum of 18 hours of continuing fire education each year.

3. I understand that if I have given any false, incomplete or misleading information, that this will be an automatic dismissal.

Print Name

Date

Signature

AGREEMENT

This agreement is made by and between the Village of Barnesville and
(Barnesville Fire Department and/or Barnesville EMS member) _____
Probationary Fire-Fighter or Emergency Squad member, who shall be on Probation for (1) one year
from this date.

WHEREAS, Barnesville has agreed to pay for training as a Fire-Fighter or EMT as
required by state law and Probationary Member must pass a written test within this (1) year period;

WHEREAS, Probationary Member understands that he/she must repay the Village of
Barnesville if he/she fails to complete the training or pass the written test; or if he/she fails to
complete 12 months services in the department.

IT IS THEREFORE agreed between the parties as follows:

Probationary Member shall complete all training and pass a written test given by the
State of Ohio. If he/she fails to do so, he/she shall be required to repay the Village of
Barnesville the entire cost of training.

If Probationary Member fails to complete 12 months service as a member of the
Barnesville Fire Department, he shall repay the Village of Barnesville the entire cost
of training.

If Probationary Member fails to answer at least 50% of the fire alarms, or does not
attend at least 50% of the training put on by the Fire Department, he/she shall be
required to repay the Village of Barnesville the entire cost of training.

Probationary Member must comply with all training and regulations set forth by the
Village of Barnesville, State of Ohio, and Barnesville Fire Department.

This agreement is entered into by the parties this date: _____

BY: _____
Probationary Member

BY: _____
Brock Williams, EMS Captain (if EMT)

BY: _____
Robert Guy Smith, Fire Chief

BY: _____
Dale Bunting, Mayor

EMERGENCY SQUAD USE ONLY

Recommended: _____ Not Recommended: _____

Signature: _____

Brock Williams, EMS Captain

Date: _____

Tim Hall, Assistant Chief

Date: _____

Date Council Approved: _____

Date Department Approved: _____

EQUIPMENT LIST:

ID NUMBER _____ PAGER # _____ HELMET _____

PANTS: _____ COAT: _____ BOOTS: _____

HOOD: _____ GLOVES: _____ RESCUE GLOVES: _____