



# BARNESVILLE FIRE & EMS

## EMPLOYMENT APPLICATION

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Licensures/ Certifications

Level of Fire Certification: \_\_\_\_\_ Issuing State: \_\_\_\_\_ License No: \_\_\_\_\_

Level of EMS Certification: \_\_\_\_\_ Issuing State: \_\_\_\_\_ License No: \_\_\_\_\_

Other Certifications: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Issuing State: \_\_\_\_\_



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### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference?      YES      NO  
         

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference?      YES      NO  
         

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference?      YES      NO  
         

### References

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# BARNESVILLE FIRE & EMS

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### Health Questionnaire

1. Do you suffer from any health problems that would prevent you from climbing stairs, lifting a minimum of 50lbs or other dangerous or heavy labor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you suffer from any of the following? Check all that apply.

- |   |                    |
|---|--------------------|
| 1. Claustrophobia (fear of closed or narrow spaces) | Yes _____ No _____ |
| 2. Acrophobia (fear of heights)                     | Yes _____ No _____ |
| 3. Respiratory Disorders of any kind                | Yes _____ No _____ |
| 4. Cardiovascular Disorders of any kind             | Yes _____ No _____ |
| 5. Diabetes   | Yes _____ No _____ |
| 6. Epilepsy   | Yes _____ No _____ |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Meeting and Trainings

EMS Meetings are held on the first Tuesday of each month at **6:00 P.M.** (if applicable)  
EMS Trainings are held on the third Tuesday of each month at **6:00 P.M.** (if applicable)  
Fire Meetings are held on the first Tuesday of each month at **7:00 P.M.**  
Fire Trainings are held on the third Tuesday of each month at **7:00 P.M.**

Would you be able to attend meetings and trainings? Yes \_\_\_\_\_ No \_\_\_\_\_

### Disclaimer and Signature

*I, \_\_\_\_\_, give permission to the officers of Barnesville Fire & EMS, Village of Barnesville, and the Ohio Division of Emergency Medical Services to verify all information listed. By applying with Barnesville Fire & EMS, I understand that I must take and successfully complete an Ohio approved 36-hour Volunteer Firefighter course within **ONE (1)** year of my acceptance date and that I must complete a minimum of 18 hours of Continuing Education each year.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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



# BARNESVILLE FIRE & EMS

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### Agreement

This agreement is made by and between the Village of Barnesville, Barnesville Fire & EMS, and the Probationary Firefighter or EMT, who shall be on probation for **ONE (1)** year from date of appointment.

WHEREAS, Barnesville Fire & EMS agrees to pay for firefighter or EMS based training as required by the Ohio Revised Code. The Probationary Firefighter or EMT **must pass a written test within ONE (1) year of date of appointment.**

WHEREAS, the Probationary Firefighter or EMT understands he/she must repay the entire cost of training to the Village of Barnesville if he/she fails to complete the required training or pass any written or clinical test and/or fails to complete **ONE (1)** year of service with Barnesville Fire & EMS.

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 must repay the entire cost of training to the Village of Barnesville.**
- ❖ Probationary member shall complete ONE (1) year of service as a member of Barnesville Fire & EMS. If he/she fails to do so, **he/she must repay the entire cost of training to the Village of Barnesville.**

*Probationary member must comply with all training and regulations set forth by Barnesville Fire & EMS, the Village of Barnesville, and the State of Ohio.*

\_\_\_\_\_  
Signature of Probationary Member

\_\_\_\_\_  
Date

### Office Use Only

***Officers present during interview, please sign below if you approve of applicant***

\_\_\_\_\_  
***Tim Hall, Fire Chief***

\_\_\_\_\_  
***Chris Hendershot, Lieutenant***

\_\_\_\_\_  
***Harvey Giffin, Asst. Fire Chief***

\_\_\_\_\_  
***Silas Tracy, Lieutenant***

\_\_\_\_\_  
***Bobby Froehlich, Captain***

\_\_\_\_\_  
***Alex Saffell, Lieutenant***

\_\_\_\_\_  
***Russ Young, Captain***

\_\_\_\_\_  
***Mary Anne Stephens, EMS Captain***

\_\_\_\_\_  
***Date Approved by Council***