



BARNESVILLE FIRE & EMS

EMPLOYMENT APPLICATION

Date: ___ / ___ / ___

Applicant Information

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

Address: _____ Apt/ Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birthdate: _____ Social Security Number: _____

Are you a U.S. Citizen? 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: Yes No

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No



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Degree: _____

Other: _____

Address: _____

From: _____ To: _____

Did you graduate? Yes No

Degree: _____

Certifications/ Licensures

Driver's License: _____

Issuing State: _____

Fire Certification Level: _____

Issuing State: _____

License #: _____

EMS Certification Level: _____

Issuing State: _____

License #: _____

Other Certifications: _____

Previous Employment

Company: _____

Address: _____

Phone: _____

Supervisor: _____

Start Date: _____

End Date: _____

Job Title: _____

Responsibilities: _____



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Reason for leaving: _____

May we contact them? Yes No

Company: _____

Address: _____

Phone: _____

Supervisor: _____

Start Date: _____

End Date: _____

Job Title: _____

Responsibilities: _____

Reason for leaving: _____

May we contact them? Yes No

References

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Health Questionnaire

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



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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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Acrophobia (fear of heights) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Respiratory Disorders of any kind | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Cardiovascular Disorders of any kind | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please explain:

Meetings & Trainings

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

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

EMS Meetings and Trainings are held at the discretion of the EMS officers.



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Are you able to attend meetings and trainings?

Yes

No

Disclaimer and Agreement

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.

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

Signature: _____

Date: _____



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Office Use Only

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

Robert Froehlich, Fire Chief

Chris Hendershot, Asst. Fire Chief

Mary Anne Stephens, EMS Captain

Russ Young, Captain

Alex Saffell, EMS Lieutenant

Silas Tracy, Lieutenant

Date Approved by Council