

# GREAT TRAIL FIRE DISTRICT

## APPLICATION

Return to: GTFD, PO Box 736

(Please Print)

Full Legal Name: \_\_\_\_\_

First

Middle

Last

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

Telephone #'s :

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

OH Driver License #: \_\_\_\_\_ License Type: \_\_\_\_\_ Expires: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Hours of employment (i.e. 9-5) \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Date employment started: \_\_\_\_\_

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Job Duties: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Date employment -Started: \_\_\_\_\_ Ended: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Job Duties: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Date employment -Started: \_\_\_\_\_ Ended: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been terminated from any job, at any time in your history? Yes\_\_\_\_ No\_\_\_\_

If so, please provide the details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been finger printed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the most recent year you were fingerprinted, which agency performed the fingerprinting, and the reason you were fingerprinted.

\_\_\_\_\_  
\_\_\_\_\_

Name of School Attended: \_\_\_\_\_

**High**

**College**

Last Year Completed (circle) 4-5-6-7-8-9-10-11-12

1-2-3-4-5-6-7-8

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Please provide a copy of your high school diploma.

List additional Schooling (if any) Certificates or Degrees obtained (include name of school):

\_\_\_\_\_  
\_\_\_\_\_

Safety Service Experience (attach copy of certificates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have previous safety service experience, please provide the name, address, and telephone number of the organization of which you were formally a member/employee. (included contact or Chief's name).

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined (reprimanded, suspended, terminated, or constructively discharged) by any Fire/EMS organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If you answer yes, please give the details of any discipline:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the US Military? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Name the Branch of service, your MOS, your years of service, and type of discharge:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of DUI/OMVI? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to either of the above, provide the type of offense or nature of the charge, the name of the court which case was heard, the year of conviction, and punishment imposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been issued any traffic Citations/Violations/Accidents in the last five years? Yes\_\_\_\_ No\_\_\_\_

If yes, provide issuing agency, court, and decision rendered:

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Have you ever been party to any civil litigation (court case)? Yes\_\_\_\_ No\_\_\_\_

If yes, provide the name (caption) of the case, case number, Name of Court, and the address:

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List any present memberships and duties in any volunteer organizations/associations:

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Do you believe that any of these organization memberships may create time conflicts with your commitment to the District?

Yes\_\_\_\_ No\_\_\_\_

Have you ever been involuntarily separated from a volunteer position/organization? Yes\_\_\_\_ No\_\_\_\_

If so, provide details of the separation: \_\_\_\_\_

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Provide the name of three (3) people who can provide references for you:

1. Name: \_\_\_\_\_ Home address: \_\_\_\_\_

Phone#

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Employed at: \_\_\_\_\_

Work Number: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home address: \_\_\_\_\_

Phone#

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Employed at: \_\_\_\_\_

Work Number: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home address: \_\_\_\_\_

Phone#

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Employed at: \_\_\_\_\_

Work Number: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

List All Physical Ailments, Disabilities, Defects, Serious Diseases (Like Mental, Hearing, Sight, Limbs, Verbal) or Other that may hinder your ability to perform the duties expected of you:

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**Include any other pertinent information you would like to include on a separate piece of paper. Return to address above.**

## Authorization

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a decision. I understand that false and misleading information given in my application or interviews may result in my discharge. I understand that I am required to abide by all rules and regulations of the District. I understand that the District is not a social club and I am required to give freely of my time and attend all fires, training, meetings, and to work on committees for the betterment of the District.

I also give the Great Trail Fire District permission to check my background, including my permission to obtain any and all records from the Bureau of Motor Vehicles, Bureau of Criminal Investigation, or any other law enforcement or governmental agency, which maintains records, which pertain to the information provided with this application. I further give the Great Trail Fire District permission to obtain any information or records from my current and prior employer (s) which might be applicable or assist in the determination of my character or fitness for the position to which I have applied.

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

Print Name: \_\_\_\_\_

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