

FRAZEYSBURG FIRE DEPARTMENT  
 26 WEST SECOND STREET, P.O. BOX 219  
 FRAZEYSBURG, OHIO 43822

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Are you 18 years or Older? YES ( ) NO ( )

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Position Applying ; FIREFIGHTER ( ) EMS ( ) BOTH ( ) E-Mail \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	TYPE OF DEGREE OR CERTIFICATE	CIRCLE GRADE COMPLETED
HIGH SCHOOL LAST ATTENDED			9 <sup>TH</sup> 10 <sup>TH</sup> 11 <sup>TH</sup> 12 <sup>TH</sup>
COLLEGE UNIVERISTY, OR TECHNICAL SCHOOL			1 2 3 4
COLLEGE UNIVERISTY, OR TECHNICAL SCHOOL			1 2 3 4
ATTENDING SCHOOL NOW			1 2 3 4
OTHER EMT, AEMT MEDIC, FF1A FF1, FF2			

**EMPLOYMENT RECORD (List Most Recent Employer First)**

Present Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ May we contact? \_\_\_\_\_

Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Title & Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ May we contact? \_\_\_\_\_

Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Title & Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Title & Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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Special Skills \_\_\_\_\_

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**Criminal Record** : Have you been convicted of any crimes, other than traffic violations within the last five years? YES ( ) NO ( ) If Yes, Please describe \_\_\_\_\_

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(You will not necessarily be denied employment solely because of a conviction record)

Have you been convicted of any moving traffic violations within the last two years?

YES ( ) NO ( ) If Yes, Please describe \_\_\_\_\_

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(You will not necessarily be denied employment solely because of a conviction record)

In pursuant to the By-Laws Of The Frazseysburg Fire Department applicant is required to have, or obtain within one year a Firefighter Certificate and pass all testing. Do you have such an Up-To-Date certificate YES ( ) NO ( ) If Yes, What is your State Number \_\_\_\_\_

In pursuant to the By-Laws Of The Frazseysburg Fire Department applicant is required to have, or obtain within one year a EMS Certificate and pass all testing. Do you have such an Up-To-Date certificate YES ( ) NO ( ) If Yes, What is your State Number \_\_\_\_\_

**REFERENCES:** Gives the names of three persons not related to you whom you have known for at least one year

Name	Address	Business	Phone

**PHYSICAL RECORD:** Do you have any physical or medical conditions that would preclude you from performing any work you are being considered for? YES ( ) NO ( )

If Yes, Please described \_\_\_\_\_

What can be done to accommodate your Limitation? \_\_\_\_\_

(Ohio law prevents discrimination Based on Handcap)

Name(s) and Phone Number(s) to Contact in case of an emergency:

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