

## HARRIS-ELMORE FIRE DEPARTMENT

321 Rice Street, PO Box 341, Elmore, Ohio 43416 Station: 419-862-3332 Fax: 419-862-2854 Jim Wilburn, Chief



## **APPLICATION FOR MEMBERSHIP**

Harris Township is an equal opportunity employer and will not exclude any applicant from employment consideration on a basis prohibited by local, state, or federal law.

Na	me: Address:	
Ρh	one: Email:	
Pla	ace of employment (city): Working hours/days:	
	rris Township will check Bureau of Motor Vehicle records at time of application and annually if employed. Your ense number, birth date, and social security number are required for a BMV check.	
Driver's License Number: If CDL, what class		
Bir	th date: Social Security No.:	
	ve you ever been convicted by any court of a felony or misdemeanor? Yes No ves, attach explanation. A conviction will not necessarily disqualify an applicant from membership.	
Are	e you willing to submit to a background check? Yes No	
Are you willing to submit/pass a controlled substance test? Yes No		
	QUESTIONNAIRE	
1.	Firefighting is a physically demanding job requiring mobility and endurance. Firefighter's protective clothing and equipment are heavy and restrictive and must be worn during extreme hot and cold temperatures.	
	Do you have any physical limitations that need to be considered? Yes No	
2.	Firefighters are expected to climb to high areas while fighting fires or assisting with rescues.	
	Are you bothered by heights? Yes No	
3.	Fire and rescue personnel frequently are involved at vehicle accidents and other rescues which may involve the extrication of badly injured victims from very difficult situations.	
	Would injured victims and/or the sight of blood affect your ability in rescue operations? Yes No	
4.	Firefighter candidates in Ohio are required to attend a 36-hour training course and pass a test to become certified as a volunteer firefighter. Emergency Medical Technician (E.M.T) candidates in Ohio are required to attend at least 135 hours of training and pass an examination before becoming an EMT-basic. Candidates for membership are required to complete certification classes within one (1) year of being approved for membership by the township trustees.	
	Can you make time to attend the required State of Ohio training? Yes No	

5.	during regularly scheduled drills/meetings. Additional continuing education is also highly encouraged.  Other training opportunities consist of mutual aid drills which are occasionally scheduled on "off" nights or weekends with neighboring departments.
	Can you attend monthly scheduled drills/meetings and/or other training activities? Yes No
6.	Although this is a volunteer organization, a commitment of time, dedication, and responsibility to the duties of the fire service and this organization must be maintained by each firefighter and EMT. It is essential that department members cooperate with mutual respect for each other and the public we serve.
	Are you prepared to make the commitment to the Harris-Elmore Fire Department? Yes No
7.	Why would you like to be a volunteer for this department?
8.	Have you ever been a member of a fire department, emergency medical service, or in a related field prior to submitting this application for membership?
	YesNo If so, which service and where?
of a	plicants become candidates for full membership upon receiving Ohio certification, by successful completion a one-year period from the time Harris Township Trustees approved probationary membership, and by final proval of the township trustees.
RE	<b>EFERENCES</b> : (Excluding relatives and employers) List name, address, day time phone number.
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Tovorth	ereby submit my application for membership in the Harris-Elmore Fire Department. I authorize the Harris which which is to make any investigations of my criminal, motor vehicle, and education histories or any ner related affairs as maybe necessary in arriving at a membership decision. I also release all persons from collities in responding to inquiries regarding my application. I understand that discovery of false or misleading cormation in my application may result in my termination from the department. I agree to abide by the Harris which personnel manual, the Harris-Elmore Fire Department organization's constitution and by-laws, the partment's Standard Operating Guidelines, and the chain of command. I shall be an active member of the ganization and perform my duties to the best of my ability.
Siç	gnature of Applicant: Date:
	eturn completed application to: Harris-Elmore Fire Department, 321 Rice Street, PO Box 341 Elmore, OH 43416 Attn: Fire Chief
	OFFICE USE ONLY
Da	te application received: Received by :
Da	te of officer review: Date of Trustee probation approval:
Da	te of Trustee approval for full membership: