



Paris Township Fire Department Membership Application

9355 Newton Falls Rd.
P.O. Box 28
Wayland, OH 44285

PERSONAL INFORMATION

Name _____
Last Middle Initial First

Address _____
Street City State Zip

Drives License Number _____ SSN _____

Phone Number _____ E-Mail Address _____

US Citizen Yes No 18 Years Old or Older Yes No

Have you ever been charged or convicted of a felony? Yes No

If so, please explain _____

Do you have a good driving record? Yes No

If no, please explain _____

EDUCATION

GED

High School

Name _____ City/State _____

Vocation/Trade School

Name _____ City/State _____

Name _____ City/State _____

College/University

Name _____ City/State _____

Name _____ City/State _____

MILITARY

Branch _____ Date (From/To) _____

Rank _____ Honorable Discharge Yes No

FIRE OR EMS EXPERIENCE

Previous fire or EMS employment history?

Department Address Date: To/From Title

Department Address Date: To/From Title

If yes, please list _____

State of Ohio Certifications? Yes No

Certification Number _____

List any additional fire, rescue or EMS related certifications

EMPLOYMENT HISTORY

Employer Address Phone Number

Position Supervisor Reason for Leaving

Employer Address Phone Number

Position Supervisor Reason for Leaving

Employer Address Phone Number

Position Supervisor Reason for Leaving

PERSONAL REFERENCES

List Three References You Have Known For At Least Three Years. (Do not list relatives or previous employers)

Name	Address	Phone Number	Years Known
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Name	Address	Phone Number	Years Known
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Name	Address	Phone Number	Years Known
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CERTIFICATION OF APPLICANT

I fully understand that employment is conditional upon providing proof of legal right to work in the United States. I further state that I am not, nor have I ever been a member of any organization which advocates overthrow of, or seeks to alter by unconstitutional means, the GOVERNMENT of the United States of America.

I understand that any membership pursuant to this application shall be subject to the condition that I pass a BCI background check and physical examination, **which will include a drug screening urinalysis test**. All medical information will be classified as confidential. Information regarding use the background check and physical/drug screen may be disclosed to the Board of Paris Township Trustees to assist in the appointment process.

I understand that should I be appointed, such membership and any continued membership will be at the sole discretion of the Board of Paris Township Trustees.

Pursuant to my application for membership at the Paris Township Fire Department, I hereby expressly grant said Township permission to refer to each of my former employers and to any other person who may have information concerning me, requesting them to furnish to said Township a full transcript of their record of my service with them or any information they have concerning me, particularly as to my character, habits, ability, and reason for leaving their employment. As this information is furnished at my express request and for my benefit, I hereby release any such person from any and all liability of whatsoever nature on account of furnishing this information.

I understand that any misrepresentation of the information provided in this application shall constitute just cause for immediate termination of membership without prior notice and or declination of the application.

Applicant Signature Date

Trustee Signature Date

Fire Chief Signature Date

Trustee Signature Date

Trustee Signature Date