

JACKSON TOWNSHIP FIRE & RESCUE
Application for Membership

The Department of the Jackson Township Fire & Rescue is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, Ancestry, handicap or disability, or veteran status.

Name: _____ S. S. # _____
Last First Initial

Address: _____
Street City State Zip

How long have you resided at your present address? _____

Phone # _____
Hone Work

Emergency Contact: _____
Name Phone / Relationship

Are you a citizen of the United States? _____

Have you ever been convicted of a felony which is related to the functions or qualifications of the membership for which you are applying? _____

If yes, explain in detail: _____

Do you have a current, valid driver's license? _____ Drivers License # _____

Do you own a car? _____
Year Make Model

Have you had any traffic violations in the past 36 months (DUI / speeding)? _____

If so, explain: _____

Do you have auto insurance? _____ Company and Agent : _____

Are you willing to take a physical? _____ Do you have any physical or mental defects preventing you from performing necessary duties? _____

Are you currently under a physician's care? _____ If yes on any of the above, explain: _____

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**3261 St. Rt. 50
Williamsburg, Ohio 45176
513-625-1333**

I _____, do hereby authorize the Jackson Township Trustees and/or Jackson Township Fire & Rescue, to conduct a background investigation in reference to my potential membership with said department. I hereby release the above from any criminal and or civil liability in reference to this investigation.

I, further authorize any police department, Sheriff's office or any law enforcement agency or individual to release to the Jackson Township Fire & Rescue, all information regarding any contacts, arrests, charges and dispositions filed or recorded under the above name or any other name I may have used.

Date of birth:: _____ S.S.#: _____

Applicant's signature: _____

Date: _____

Witness: _____

JACKSON TOWNSHIP FIRE & RESCUE

Interview

(Departments Use)

Who recommended you to our department? _____

What days and hours would you be available? _____

Why do you want to be a member of the Jackson Township Fire & Rescue (JTFR)?

How do you think you can improve the JTFR with your membership? _____

What are your intentions for the next 5 years regarding the fire service? _____

How does your spouse or parents feel about your potential membership to the JTFR? _____

May we contact your spouse or parents? _____

What previous schooling or experience do you have in the fire service? _____

Explain to applicant, the time needed to volunteer for training, work details, meetings and continuing education.

Comments:

