



Application for Volunteer Firefighter

Company No. _____

A. GENERAL INFORMATION

1. Name: _____
2. Address: _____

City
State
Zip Code
3. Telephone No. _____ Work Telephone No. _____
4. Social Security No. _____
5. Military Service? YES ____ NO ____ (If yes, indicate branch, inclusive dates of service and rank at discharge.)

6. Criminal Record? Have you ever been convicted of a felony? YES ____ NO ____ (If yes, explain circumstances. —Existence of a criminal record does not constitute an automatic bar to service as a Volunteer Firefighter.)

7. Do you have a valid Ohio Driver's License? YES ____ NO ____ (If yes, indicate type of license.)
 Operator's ____ Commercial Driver's License ____
You must have a valid Ohio Driver's License to be a Volunteer Firefighter.
8. State here any additional information required to answer the above questions adequately or that you feel would be helpful for this inquiry.

9. Time Available: Days: _____ Nights: _____

B. EDUCATION AND TRAINING

10. Circle the highest school grade completed.

High School
 9 10 11 12

College
 13 14 15 16 17 18 19 20

 Degrees obtained or areas of study: _____
11. List any job-related schools attended or vocational training received: _____

C. PAST WORK EXPERIENCE
(most recent first)

Month	Year	Month	Year	
From		To		Title of Your Position
Name of Employer: _____				
Nature of Duties: _____				
Reason for Leaving: _____				
Month	Year	Month	Year	
From		To		Title of Your Position
Name of Employer: _____				
Nature of Duties: _____				
Reason for Leaving: _____				
Attach additional sheet of paper if necessary to report experience adequately or if you wish to include volunteer work experience.				

D. REFERENCES
(Please list references other than relatives and include past and present work supervisors)

Name & Title	Occupation	Address	Phone
1.			
2.			
3.			
4.			

CERTIFICATION: I hereby certify that all the information I have provided on BOTH SIDES of this application form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I agree and understand that all statements made by me are subject to being investigated for verification. I further agree and understand that any misstatement of facts contained in this application may disqualify me for service with the Volunteer Firefighters or result in my removal from same service with the City of Kettering.

Signature of Applicant
Date

FOR CITY USE:	
Interviewed by Company Officer(s): _____	Date: _____
_____	Date: _____
Reference Check Completed: _____	Date: _____
Interviewed by Chief: _____	Date: _____

EQUAL OPPORTUNITY EMPLOYER

As an Equal Opportunity Employer, the City of Kettering is committed to give equal consideration to all applicants without regard to race, color, religion, gender, age, national origin, ethnic heritage, or disability.



CITY OF KETTERING
DEPARTMENT OF HUMAN RESOURCES

DATE: _____ DEPT. _____

TO: Captain, Support Division
Police Department

FROM: Human Resource Department

SUBJECT: Police Record Check

The following person has filed an application with the City of Kettering for the position indicated below. Please report any police record for this applicant. A signed release is below. Thank you for your cooperation.

NAME _____ POSITION _____

ADDRESS _____ SOCIAL SECURITY # _____

CITY _____ DATE OF BIRTH _____

STATE _____ ZIP CODE _____

VALID OHIO DRIVER'S LICENSE Yes/No _____ DRIVER'S LICENSE No: _____

TYPE OF LICENSE:

Operator's _____ Commercial Driver's License _____

Requested by: _____

I hereby authorize the City of Kettering to do a Police check. I understand that this is a routine check done on all new employees.
Employee Signature _____

TO:

FROM: Records Section

The following record is indicated for the above-listed individual:

City of Kettering Police Department

Signature