

*Application for Membership*

**Beverly Volunteer Fire Department, Inc.**

**Beverly, Ohio**

Last name      First      Middle			Nickname		Date of application				
Street address			Work or cell telephone		Social Security number				
City		State		ZIP		Home telephone		Drivers License #	
E-mail Address					Date of Birth		Cell Number		
How were you referred to BVFD (Circle only one.)	A Volunteer referral svc.	B Advertisement	C Other agency	D By a member	If so, give name:	E Open house	F Walk-in	G Other	

***Please read carefully and complete by printing in ink or typing.***

***An Equal Opportunity Agency***

We are an equal opportunity association, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

***Provide all information requested,***

The Beverly Volunteer Fire Department has a cap on it's membership, should there be no openings at this time your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

***Employment Record***

Starting with present job, list it and the next most recent job.

Present Employer		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City		State      ZIP code	
Supervisor's name		Phone number	
		Dates worked From      To	
Next most recent Employer		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City		State      ZIP code	
Supervisor's name		Phone number	
		Dates worked From      To	
Reason for leaving			

**Educational History**

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

**Outside Activities**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

**Special Skills**

Ohio Firefighters Certification #	Type
Ohio EMS Certification #	Type
Drivers License #      State      Expiration      Type	

**Military Record**

Branch of service	From	To
Present military affiliation: None	Reserve (active)	Reserve (inactive)
Kinds of training and duty while in service		

**Personal References**

*Membership Application*

*Beverly Volunteer Fire Department, Inc.*

List three persons who are not listed previously as employers, one may be a relative.

Name	Relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

Have you ever been convicted of a Felony or Misdemeanor? Yes - if yes please attach details of incident including the State of conviction  
(Circle one) \_\_\_\_\_ No

Please describe the hours that you would be available (in general) to respond to emergency runs:

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Please briefly state your reasons for becoming a volunteer with this department:

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Please list any previous fire, EMS, or public safety related experiences (please include reference information: contact name, phone number):

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Please check any activities, or specialty areas that you feel you would be interested in or qualified for:

☐ Fire Fighting ☐ Fire Prevention ☐ Training ☐ Equipment Testing ☐ Specialized Rescue ☐ EMS  
☐ Hazardous Materials ☐ Fire Investigation ☐ Pre-Incident Planning ☐ Fund Raising

Are you willing to submit to a physical examination by a physician? ☐ Yes ☐ No

### **ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION and DRUG SCREEN TEST**

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for rejection or termination. I have read and understand the requirements of membership.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If any of your educational or employment records are under other than the above name, please provide other names.

#### **AUTHORIZATION FOR RELEASE OF INFORMATION:**

In order to perform a background investigation and drug screentest on all applicants to the department applicants must sign the following statement:

I \_\_\_\_\_ an applicant for the Beverly Volunteer Fire Department, Inc., hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, or scholastic records. Any organization or individual presented with this authorization is asked to cooperate fully with the Beverly Volunteer Fire department's investigation. I also understand that I may revoke this consent at any time except to the extent that any action has been taken in reliance on it. All information obtained during this background investigation and drug screen test will be held in strictest confidence.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_