

MUNICIPALITY OF WEST MILTON, OHIO
701 South Miami Street
West Milton, OH 45383
(937) 698-4191

FIREFIGHTER APPLICATION

NAME: (Last, First, Middle): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Social Security No.: _____ - _____ - _____ Phone No. : (____) - _____ - _____

SECTION I. BACKGROUND INFORMATION

High School: _____ **Graduated** Y or N

College: _____ Degree(s): _____ Y or N

Other Training / Licenses: _____

Military Service: Branch: _____ Rank: _____

Discharge Date: _____ Current National Guard/Reserves: _____

Drivers License No. _____ State: _____ Type: _____

Expiration Date: _____ Restrictions: _____

SECTION II. EMPLOYMENT HISTORY

Name of Employer: _____

Dates of Employment: From _____ to _____
Month/Year Month/Year

Job Title: _____ Ending Salary: _____

Job Duties: _____

Reason for Leaving: _____

Contact: _____ Title: _____

Phone No.:(____) - _____ - _____

SECTION III: CERTIFICATIONS & STATEMENTS
(All applicants MUST sign the Certifications & Statements)

I. I have reviewed the job description for Volunteer Firefighter, and I can perform the required duties and tasks with or without (circle one) accommodation. If with accommodation, indicate nature and extent of accommodation(s). _____

II. I certify that all statements contained in this application are true to the best of my knowledge. I understand that misrepresentation or omission of any fact called for is cause for disapproval of my appointment or for discharge after appointment.

Signature Date

III. I _____ knowingly, willingly and intelligently hereby waive my rights under Chapter 1347 of the Ohio Revised Code, authorize the release of any records of employment with any former employer, school, or reference.

Signature Date

Witness (Fire Chief) Date

IV. I _____ being duly sworn according to law, say that I will support the Constitution of the United States, the Constitution and Laws of the State of Ohio, and the Charter and Codified Ordinances of the Municipality of West Milton, and that I will faithfully, honestly, and impartially discharge the duties of Volunteer Firefighter, Division of Fire of the Municipality of West Milton in Miami County, during my continuance in said position.

Signed: _____

Sworn to before me and signed in my presence on this _____ day of _____, _____.

The Municipality of West Milton is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, national origin or disability.

DATE

BY

Application Received:	_____	_____
Substitute Firefighter:	_____	_____
Second Class Firefighter:	_____	_____
First Class Firefighter:	_____	_____

MUNICIPALITY OF WEST MILTON, OHIO

In compliance with the Drug Free Workplace Act, the Municipality of West Milton has established a “drug free” policy which follows. Additionally, as required, we have established a drug free awareness program.

At all times on the job (including breaks, lunch, and travel to and from work sites) employees are prohibited from using, selling, manufacturing, purchasing, possessing, or being under the influence of any of the following:

- Illegal drugs or any other substances which might alter the sensory functions in a human being.
- Alcoholic beverages (except for authorized social functions).
- Prescription drugs if those drugs alter sensory abilities and functions. If you are taking a prescription drug which might have this effect, please report it to us and we will attempt to accommodate you.

Any employee who is convicted of a workplace violation of a criminal drug-related statute must report such conviction to us within five (5) days of the conviction. Failure to do so will result in disciplinary action up to termination.

Any employee who has been convicted of a violation of a drug-related statute will be encouraged to participate satisfactorily in a drug abuse assistance or rehabilitation program approved by a federal, state or local health, law enforcement or other appropriate agency. Additionally, any employee who has been so convicted may be subject to discipline up to and including termination. Subsequent convictions will result in termination.

As a condition of employment under a federal grant or contract, you must be abide by this policy and report any criminal drug-related conviction.

I have received and read a copy of the Municipality of West Milton’s statement creating a drug free workplace. I further realize that Administrative Rules and Regulation 3.1 specifically addresses drug and alcohol policies for the municipality. I understand that it is my responsibility to comply with the policy and that I may be subject to discipline up to and including discharge if I do not.

Employee’s Signature

Date

Employee’s Name (PLEASE PRINT)