

Since 1889

West Milton Fire Company, Inc.

DAVID JAY, Chief

701 S. Miami Street
WEST MILTON, OH 45383

Phones:

937-698-1500 ext. 112

APPLICATION TO THE WEST MILTON FIRE COMPANY, INCORPORATED

Name in full: _____ Social Security #: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone (If different from Home): _____

Age: _____ Date of Birth: _____

Time as Resident of West Milton: _____ Single (), Married (), Divorced (), # of Children _____

Car License: _____ Car Insurance: _____

Driver's License Number : _____

Place of Employment: _____ Where: _____

Kind of Work: _____ How long: _____ Working hours from : _____ to _____,

Arrive at home at _____ Have you had safety instruction at work? _____

Have you been granted a high school diploma or a GED? _____ From where? _____

Have you had previous fire training? _____ Where? _____

Have you ever been a member of another fire department? _____ Where? _____

When? _____

Have you been certified as a firefighter in the State of Ohio? _____ (If yes, turn in a copy of your certification with your application.)

Have you ever been convicted of a felony? _____ Convicted of arson? _____

Use of Intoxicating Beverages: None (), Occasional (), Regular (), Habitual ()

Use of Controlled Substances: None (), Occasional (), Regular ()

Name of substance: _____

Reason for use: _____

Are you in good health as far as you know? _____

Do you have any health-related conditions that may affect your performance as a firefighter? _____

If treated lately, what for? _____ By whom? _____

Family Doctor: _____ Hospital preference: _____

Beneficiary if needed: _____ Relationship: _____

Will you agree to abide by the Constitution and Bylaws of the West Milton Fire Company, Inc, and the rules and regulations of the West Milton Fire Department if accepted as a member? Saying yes also means you accept Section 7.a of the By-laws which states: "A member must serve two years after attending a firefighting course. Any member resigning prior to completing this two-year commitment shall reimburse the sponsoring agency (the Fire Department or the Fire Company) for the cost of the course." _____

Municipality regulations require that you serve as a sub for a probationary period of six (6) months, or until such time as there is an opening for a firefighter, during which time you will be covered by State Workman's compensation and the insurance of the Fire Company. You shall attend all meetings for business and practice. Three (3) consecutive meetings missed automatically drops you from the roll. Exception: when proper excuse is given before the meeting or your work prevents you from attending, in which case, when practice sessions are held on Saturday or Sunday you are expected to attend.

Applicant's signature: _____ Date: _____

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Sponsored by: _____

1st reading: _____ 2nd reading: _____ 3rd reading: _____

Disposition: Accepted: _____ Rejected: _____ Tabled: _____ Reason: _____

Physical Examination: () satisfactory or () Unsatisfactory