

Bolivar Fire Department

456 Water St.

P.O. Box 136

Phone 330.874.3115

Bolivar, Ohio 44612

Fax 330.874.3323

Firefighter/EMT Application

Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Ohio Drivers License Number: _____

Is your Drivers License under suspension, or is it revoked at this time? Yes _____ No _____

Telephone Numbers: Home: _____

Cell: _____

Work (Optional) _____

Are you a citizen of the United States? Yes _____ No _____

Have you ever been convicted of a crime including minor traffic violations? Yes _____ No _____

If Yes please list on a Separate Sheet of Paper.

School	Did you Graduate?	Course of Study
<u>College:</u>		
<u>Technical School:</u>		
<u>Military:</u>		
<u>High School:</u>		
<u>Other:</u>		

Fire/EMS Certifications

Do you currently posses any of the following?

36hr. Firefighter E.M.T.-B

Level 1 E.M.T.-I

Level 2 E.M.T.-P

Fire Inspector

EMS Instructor

Fire Instructor

Are you currently a volunteer or employed as a Firefighter/E.M.T/Paramedic? Yes_____ No_____

If Yes Where? _____

May we contact them? Yes_____ No_____

Do you have any truck driving experience? Yes_____ No_____

Do you have a CDL? Yes_____ No_____

Military Record

If you served in the Armed Forces, complete the following:

Branch of Service:	Type of Separation:	
From:	To:	Highest Rank Achieved:
Job Title:	Duties:	
Reserve or National Guard Status:		

Personal References

Name:	Years Acquainted:
Address:	
Telephone:	
Profession:	

Name:	Years Acquainted:
Address:	
Telephone:	
Profession:	

Name:	Years Acquainted:
Address:	
Telephone:	
Profession:	

Reason for Desiring Membership/Employment

Briefly describe your reasons for wanting to join the fire department:

What position are you applying for, check all that apply:

Volunteer ☐

Part-time ☐

Full-time ☐

When will you be available to start?

Applicant Authorization and Release for Information

To Whom it may Concern:

I understand that the Bolivar Volunteer Fire Department, Inc requires certain information about me to evaluate my qualifications for employment.

I hereby authorize and request all persons, companies, corporations, credit bureaus, schools, law enforcement agencies, security agencies, courts, and/or government agencies to disclose to the Bolivar Volunteer Fire Department, Inc or its authorized agents and/or representatives, information requested.

I release the Bolivar Volunteer Fire Department, Inc , and its authorized agents and/or representatives, and any persons or organizations supplying requested information from all liability and responsibility, legal or otherwise.

Name(Please Print)

Date of Birth

Social Security Number

Drivers License # (State issued)

Signature

Date

Polygraph Waiver

I, _____, an applicant for a position with the Bolivar Volunteer Fire Department, Inc., and any of its affiliates, agree to submit to a polygraph examination if requested to do so relative to my employment application.

I further agree that I may be given a polygraph test if requested to do so after being employed when an investigation is being instituted that I could have some involvement in or which may pertain to my status as an employee.

Signature

Date

Witnessed By

Date