



## Moorefield Township Fire Department

1616 Moorefield Road, Springfield Ohio 45503

Phone: 937-399-0770

Welcome Applicant:

We are very pleased that you are interested in becoming a member of Moorefield Township Fire Department.

The process for all applicants is follows:

- All applicants must complete an application.
- The applicant shall provide one letter of recommendation if a member of another Fire Service; two letters shall be provided if not a member of another fire service.
- Criminal and traffic background checks will be performed. Candidates will also be finger printed.
- A physical examination will be ordered.
- Candidates will perform a physical agility test.
- Moorefield Township Trustees shall approve all hirings.

The following additional steps are required for membership in Moorefield Township Fire Association:

- Candidate will have an initial interview with the Association Membership Committee.
- A reading of the application will take place during an Association meeting.
- Candidate will participate in a final interview with the Chief and the Membership Committee.
- A final reading will occur during an Association meeting; the candidate's presence is required.

Thank you,

Moorefield Township Fire Department



# MOOREFIELD TOWNSHIP FIRE DEPARTMENT

## PERSONAL INFORMATION

APPLICANT'S NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MOOREFIELD TOWNSHIP RESIDENT? Y / N      DRIVERS LIC # \_\_\_\_\_

## EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## EMPLOYMENT

EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ YRS. \_\_\_\_\_ MOS.    TITLE/POSITION \_\_\_\_\_

## PERSONAL REFERENCE

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

## TRAINING AND EXPERIENCE

FIREFIGHTER Y/N      CERTIFICATION # \_\_\_\_\_ LEVEL \_\_\_\_\_

E.M.T. Y/N      CERTIFICATION # \_\_\_\_\_ LEVEL \_\_\_\_\_

MEMBER OR ASSOCIATE WITH A FIRE DEPARTMENT? Y / N

IF YES:

DEPARTMENT \_\_\_\_\_ CHIEF \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_

ASPPPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL MOOREFIELD TOWNSHIP FIRE CHIEF \_\_\_\_\_ DATE \_\_\_\_\_