

SPRINGFIELD TOWNSHIP,
STRYKER VILLAGE VOLUNTEER
FIRE DEPARTMENT
20275 St. Rt. 34. Stryker, OH. 43557
Phone 419-682-2402

APPLICATION FOR MEMBERSHIP

Date: _____

Applicants Name: _____

I hereby give the Springfield Township Fire Department the right to make a thorough investigation of my past activities and I release from all liability of responsibility all persons, and organizations supplying information. I understand that membership in the Springfield Township Fire Department shall be conditional upon satisfactory results of that investigation and that any false answer or statement or implications made by me on this application shall be considered sufficient cause for dismissal.

A copy of this statement shall be regarded as a signed original of my agreement to release from liability and responsibility all persons, and organizations supplying information in the course of an investigation for membership.

Signature: _____

Date: _____

INSTRUCTIONS TO APPLICANT:

Please complete the application and include a check payable to the Springfield Township Fire Department the amount of \$5.00. Submit the application and check to:

*Springfield Township Fire Department
20275 St. Rt. 34
Stryker, OH 43557*

Your application will be processed according to the procedures determined by the membership committee. Your check will be returned if the vote is unfavorable.

APPLICANT INFORMATION

Date of Birth: _____

Address: _____

Home Phone: _____ Years at this address: _____

If less than one year, give prior address: _____

Motor Vehicle Operator's License Number: _____ State: _____

Social Security Number: _____

PRIOR FIREFIGHTING EXPERIENCE

Name of Service: _____

Address: _____

Phone: _____

Date Started: _____ Date Ended: _____

Name of Service: _____

Address: _____

Phone: _____

Date Started: _____ Date Ended: _____

List Certifications and Training: _____

WORK EXPERIENCE

Name of Employer or Last Employer (if unemployed): _____

Job Title: _____ Years of Service: _____

Address: _____

Supervisor: _____

Phone: _____

Date Started: _____ Date Ended: _____

Prior Employer: _____

Job Title: _____ Years of Service: _____

Address: _____

Supervisor: _____

Phone: _____

Date Started: _____ Date Ended: _____

REFERENCES

Name: _____ Occupation: _____

Address: _____

_____ Phone: _____

Name: _____ Occupation: _____

Address: _____

_____ Phone: _____

Name: _____ Occupation: _____

Address: _____

_____ Phone: _____