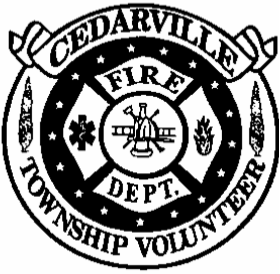
FOR DEPARTMENT USE ONLY

Accepted as a Probationary Member: ______________
Accepted as an Associate Member: ______________

Date App. Received: ____________ Inactive / Resign Date:____________ Accepted as an Association Member: ______________



CEDARVILLE FIREMEN'S ASSOCIATION INC.
APPLICATION FOR MEMBERSHIP

THE CEDARVILLE FIREMEN'S ASSOCIATION INC. DOES NOT DISCREMINATE BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, OR NATIONAL ORIGIN

Please Print in ink: Incomplete Applications will be rejected (N/A where not applicable) Date: __________

PERSONAL INFORMATION:

Name:____________________________ D.O.B. _________ Sex: ____ Height: ______ Weight:_____
Driver's License #: _____________________ State: ______ SSN: ___________________________
Current Address: Mailing Address (if different): Permanent Address (if different):

____________________________ ____________________________ ____________________________

____________________________ ____________________________ ____________________________
Home Phone #: _______________ Work Phone #: _______________ Cell Phone #: ________________
E-mail Address:____
Reason for applying:____

____

____

Marital Status: _______________ Number of Dependents: ______ Spouse comments: ________________

____

EMERGENCY CONTACT INFORMATION:

#1 Name: ______________________________________ Relation: ___________________________
Address: ____
Home Phone #:_______________ Work Phone #: _______________ Cell Phone #: ________________

#2 Name: ______________________________________ Relation: ___________________________
Address: ____
Home Phone #: _______________ Work Phone #: _______________ Cell Phone #: ________________

EDUCATIONAL BACKGROUND

High School: _____________________________________ Year Graduated: _____________________
College: ____ Major: _____________________________
(Circle one) FR SO JR SR Anticipated or Actual College Graduation Date:_______________

MILITARY SERVICE RECORD

Are you currently serving or have you ever served in the Armed Forces? ____ If yes, what branch ________
What are your duties in the service? Include special training and duty station:_______________________

____

Dates of duty: _____ to _____ Rank: _____________ Type of discharge:_________________________

FIRE AND MEDICAL EXPERIENCE

Have you been or are you currently the member of another fire department? ______ If Yes, list the department name, address, and reason for leaving:____

____

List any certifications, licenses, and training in the fire and medical field (with state certification number):

____

Are there any other experiences or qualifications, in which you feel you would be able to contribute to the department? ____

ADDITIONAL INFORMATION Initial those that apply to you

_______ Corrective lenses have been prescribed
_______ History of hearing and/or respiratory problems: If yes, please explain: ________________________
____
_______ Inability to handle stress
_______ Allergies, please list: ____
_______ Physical impairments, please describe: _______________________________________
_______ Currently taking medications, please list: _____________________________________

WORK HISTORY

Present employer: ______________________________ Supervisor: _________________________________
Address: ____ Phone #: _____________________
Position you hold: ____________________________

Former employer: ____________________________ Supervisor: _________________________________
Address: ____ Phone #: _____________________
Position you held: ____________________________ Reason for leaving:___________________________
May we contact the employers listed? If not, indicate below which one(s) you do not wish us to contact:

REFERENCES Fill out completely

Personal references: (please exclude relatives)

Name Occupation Address Phone #

1.____
2.____
3.____

STATEMENTS AND SIGNATURE

If appointed, do you have a reliable means of transportation to get to the firehouse? (circle one)YES NO
Do you have a driving record of any type? ______ If Yes, describe in full: ____________________________
____
Have you ever been convicted of a felony? ______ If Yes, describe in full: ____________________________
Have you ever been convicted of a crime? ______ If Yes, describe in full: ____________________________

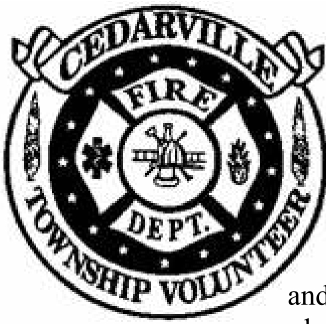
I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. ______ Initial

I HAVE READ AND UNDERSTAND THE REQUIREMENTS TO BE AN ACTIVE MEMBER FOR THE CEDARVILLE TOWNSHIP FIRE DEPARTMENT. ______ Initial

I HEREBY AUTHORIZE THE CEDARVILLE POLICE DEPARTMENT TO PROCESS A BACKGROUND INVESTIGATION AND AUTHORIZE THE CEDARVILLE TOWNSHIP FIRE DEPARTMENT TO RECEIVE AND REVIEW THE BACKGROUND INVESTIGATION RESULTS.
______ Initial

Print Name: _______________________________
Signature of Applicant: ____ Date: ______________

****Please submit a copy of your driver's license, all certifications, licenses, fire or medical training and current physical.**



Cedarville Township Volunteer Fire Department
HEALTH HISTORY & PHYSICAL

The Cedarville Fire Department wishes to ensure the health of its applicants. Firefighting and EMS are inherently dangerous activities and should only be performed by those willing and able to work in environments that are immediately dangerous to life and health.

Date of exam:

Name ___________________________ Gender ______ Date of Birth _____/_____/______ Height ________ Weight ________
Home address ____
Home phone ______________________________ SS# ____________________________

Part I: Personal Health History To be completed by the patient
Explain "Yes" answers below.

Question	YES	NO
1. Do you have an ongoing or chronic illness?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐
Have you ever had surgery?	☐	☐
Have you had any serious accidents?	☐	☐
Are you presently under the care of a physician?	☐	☐

List any medications you are currently taking:

____________________ ______________________
____________________ ______________________

Question	YES	NO
3. Have you ever passed out?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
5. Have you ever had a head injury or concussion?	☐	☐
Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
Have you ever had a seizure?	☐	☐
Do you have frequent or severe headaches?	☐	☐

Question	YES	NO
6. Have you ever become ill from exercising in the heat?	☐	☐
7. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐

List any allergies: DRUG, FOOD, INSECTS, ENVIRONMENT:

____
____

Question	YES	NO
8. Have you ever had eating disorders/weight problems?	☐	☐
9. Have you ever had TB or any other communicable disease or exposure?	☐	☐
Have you ever had a positive reading on a tine, PPD, or TB skin test?	☐	☐
10. Do you have arthritis/bone problems?	☐	☐
Have you ever broken any bones?	☐	☐
Have you ever injured your back?	☐	☐
11. FEMALES: Do you have menstrual difficulties?	☐	☐
12. Do you currently abuse illegal substances?	☐	☐
Do you have a history of substance abuse?	☐	☐
13. Have you ever had emotional/mental health problems?	☐	☐
14. Any immediate family history of diabetes, heart disease or high blood pressure?	☐	☐
15. Are there any other medical conditions or concerns?	☐	☐

If **YES**, to any questions, please explain here: ____________________

____
____
____
____
____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I hereby grant permission for this form and any other pertinent information to be sent to the Cedarville Fire Department upon completion.

Signature ______________________________	Date __________

PART II: QUESTIONS: (to be completed by Physician or Practitioner)

	NORMAL	ABNORMAL FINDINGS	INITIALS
The applicant must be…			
Able to hear			
Able to Bend / Squat			
Able to Climb Stairs with a load			
Able to Climb Ladders with a load			
Able to grip			
Able to do 60 minutes of Continuous heavy labor			
Able to Crawl on Hands and knees			
Free of Respiratory Diseases / Illnesses			
Free of Claustrophobia			
Free of Cardiac Conditions			
Free of psychiatric conditions that would prevent the individual from dealing with stressful situations			
Free of any ailment that might impede full participation in Fire Dept. Activities			

PART III : PHYSICAL EXAMINATION: (to be completed by Physician or Practitioner)

Pulse__________ BP ____/______ Vision: R 20/________ L 20/__________

Corrected: ☐ YES ☐ NO Pupils: Equal Unequal Respiration Rate: __________

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL/NEUROLOGICAL			
Neck & Back			
Shoulder / Arm / Hand			
Hip / Leg / Ankle			
Foot			
Nervous System			

○ Find no reason to prevent person from serving with CTVFD

○ Find this person may be able to serve after completing ______________________________

____

○ Find that this person may be unable to serve with CTVFD due to ______________________________

____

Signature of PhysicianΨ ______________________________ Date: ______________

Physician(print/type) ______________________________