

# HANOVER VOLUNTEER FIRE DEPARTMENT, INC

## MEMBERSHIP APPLICATION

### MISSION STATEMENT

The mission of the Hanover Volunteer Fire Department, Inc. is to improve the quality of life for the residents and visitors of our community by mitigating the effects of fire, medical emergencies and exposure to hazardous conditions. We will strive to provide effective emergency response in a professional and courteous manner. We will work to reduce the potential for emergencies through public education, code enforcement, and planning. Our valued members, both paid and volunteer, will provide these services with constant focus on safety and ethical behavior.

### APPLICANT NAME

Return Completed Application to:

198 New Home Drive

Newark, OH 43055

(740) 763-4674

### ADMINISTRATIVE USE ONLY

DATE OUT: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE PROBATE MEMBER: \_\_\_\_\_

DATE PERMANENT MEMBER: \_\_\_\_\_

DRIVERS ABSTRACT: \_\_\_\_\_

BACKGROUND CHECK: \_\_\_\_\_

**HANOVER VOLUNTEER FIRE DEPARTMENT, INC**  
**198 NEW HOME DRIVE, NEWARK, OH 43055**  
**MEMBERSHIP APPLICATION**

Print clearly and answer all questions.  
Attach supplemental pages if necessary.

Part-Time:

Volunteer:

Name: \_\_\_\_\_  
Last First Middle Initial

Have you ever been known under any other name: Yes  No  Other name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_  
Home Cell

SSN: \_\_\_-\_\_\_-\_\_\_ Drivers License #: \_\_\_\_\_ Email: \_\_\_\_\_

License Class: \_\_\_\_\_ State: \_\_\_\_\_ CDL: \_\_\_\_\_ Exp: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (MM/DD/YY)

Have you worked for the Hanover Fire Department before? Yes:  When? \_\_\_\_\_ No:

Are you a United States citizen? Yes:  No:

Do you have legal authorization to work in the United States? Yes:  No:

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Cell

Have you been convicted of any crime, including any traffic violations that are charged as felony, within the past ten (10) years? Yes:  No:

If yes, please explain: \_\_\_\_\_

***Criminal convictions are not necessarily a bar to employment; each case will be reviewed on an individual basis.***

**Military Service Information**

Branch: \_\_\_\_\_ Type of Separation: \_\_\_\_\_  
Served from: \_\_\_\_\_ Served to: \_\_\_\_\_  
Highest Rank Achieved: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reserve/National Guard Status: \_\_\_\_\_

***An individual's past, present, or future uniformed service duty or obligation will not be a negative factor in any hiring decision. This includes members of the Reserve and National Guard, veterans, and those who report for enlistment or entry testing.***

**Employment History**

***Begin with PRESENT position or occupation. Account for all times in the past ten (10) years, including periods of unemployment. In addition, list any qualifying experience prior to last 10 years. If additional room is needed, use a separate sheet of paper. A resume is allowed if needed. It will become an official part of this application.***

Employer Name & Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ May we contact? Yes:  No:

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name & Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ May we contact? Yes:  No:

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name & Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ May we contact? Yes:  No:

Duties:

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Reason for Leaving: \_\_\_\_\_

Employer Name & Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ May we contact? Yes:  No:

Duties:

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Reason for Leaving: \_\_\_\_\_

Employer Name & Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ May we contact? Yes:  No:

Duties:

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Reason for Leaving: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Did you graduate? Yes:  No:  Graduation Year: \_\_\_\_\_ GED? Yes:  No:

Course of Study: \_\_\_\_\_ **Attach copy of H.S. Diploma or Certification of Equivalent to application.**

College: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Did you graduate? Yes:  No:  Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Technical School: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Did you graduate? Yes:  No:  Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Course of Study: \_\_\_\_\_

**References**

***Do not use relatives or past employers listed previously. These people should be able to speak to your qualifications for employment with the Hanover Volunteer Fire Department, Inc.***

\_\_\_\_\_  
Name Address Telephone Number

\_\_\_\_\_  
Name Address Telephone Number

\_\_\_\_\_  
Name Address Telephone Number

Please explain any addition knowledge, skills, or abilities not previously discussed which may be of qualifying nature or helpful to you in establishing your eligibility for employment. Include projects, hobbies, community or volunteer activities, etc. Exclude those that would indicate race, color, religion, or national origin.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

Type of Certification	Certification Number	Expiration Date

**Read the following statement before signing this application:**

- A. I understand that this is an application and is not intended to be a contract of employment. I also understand that this application does not obligate the Hanover Volunteer Fire Department, Inc. in any way should the Hanover Volunteer Fire Department, Inc. to employ me.
- B. I understand and agree that the Hanover Volunteer Fire Department, Inc., its authorized representative, agent, or employee may take a thorough investigation of my past employment and activities. This may include, but is not limited to, a motor vehicle operator’s license record check, a criminal background check, as well as a verification of past employment and qualifications. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application to release any and all information, personal or otherwise, that may or may not be on their records to the Hanover Volunteer Fire Department, Inc. I release all law enforcement agencies, previous employers and educational institutions from any and all liability to me arising out of the release of such information.
- C. I hereby release the Hanover Volunteer Fire Department, Inc., its agents, and employees from any and all liability or damages, which may result from exchange of all information requested pursuant to this application. I certify that all statements contained herein or provided to the Hanover Volunteer Fire Department, Inc. in response to this application for employment are true and complete to the best of my knowledge. I understand that a false answer or material omission may be grounds for immediate dismissal from employment with the Hanover Volunteer Fire Department, Inc. regardless of when the information is discovered.
- D. The Hanover Volunteer Fire Department, Inc. is an equal opportunity/affirmative action employer/drug free workplace.

**Applicant Signature**

\_\_\_\_\_

\_\_\_\_\_

Date

***Please attach a copy of a state or federal background check, drivers abstract, certifications, and driver’s license to this application.***

**HANOVER VOLUNTEER FIRE DEPARTMENT, INC  
198 NEW HOME DRIVE, NEWARK, OH 43055  
MEMBERSHIP APPLICATION CHECKLIST**

Copy of state issued Fire/EMS certification

Copy of DD Form 214 (Military Only)

Copy of Drivers Abstract

<https://ext.dps.state.oh.us/BMVOnlineServices.Public/DLVerification.aspx?>

Copy of BCI or FBI background check

*Can be obtained at:*

*Licking County Sherriff's Office*

*Newark Police Department*

*Heath Police Department*

Copy of Drivers License

Copy of Social Security Card (*Part-Time Only*)

**Please keep this page for your reference. Do not submit this page with the completed application.**

**This checklist and application must be completed prior to returning application.**