

**PICKAWAY TOWNSHIP FIRE DEPARTMENT**  
**579 TARLTON ROAD**  
**CIRCLEVILLE, OHIO 43113**

(The undersigned hereby applies for membership as a Pickaway Township Firefighter/EMT near Circleville, Ohio)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CERTIFICATION # \_\_\_\_\_

OCCUPATION \_\_\_\_\_

AVAILABILITY \_\_\_\_\_

(INDICATE AT WHICH TIME YOUR WORK OR ACTIVITY IS LIKELY TO PERMIT YOU TO RESPOND TO FIRE CALLS)

ARE YOU IN NEED OF ANY ACCOMMODATIONS TO PERFORM THE  
REQUIRED TASKS ON THE DEPARTMENT? YES \_\_\_ NO \_\_\_

If yes, what are the accommodations

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

SPECIAL QUALIFICATIONS

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

HAVE YOU EVER BELONGED TO A FIRE COMPANY BEFORE?

If yes, what was the date? \_\_\_\_\_

If so, where? \_\_\_\_\_

Contact Number \_\_\_\_\_

Have you ever made application to this department for membership?

\_\_\_\_\_

List three references from previous employers/employment. Can not be family or friends. Co-worker's are ok to use.

EMPLOYER/DEPARTMENT	NAME	Phone Number
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**THE UNDERSIGNED, BY AFFIXING HIS/HER SIGNATURE HERON, AGREES TO ABIDE TO THE RULES, BY-LAWS, REGULATIONS, AND EXECUTIVE ORDERS OF THE PICKAWAY TOWNSHIP FIRE COMPANY. IN ADDITION TO AUTHORIZED DUTY OFFICERS AND PERSONS IN CHARGE.**

\_\_\_\_\_

(Date Application Read)

\_\_\_\_\_

Name

\_\_\_\_\_

(Date Application Voted On)

\_\_\_\_\_

(Date Taken onto Department)

\_\_\_\_\_

Authorized By