



**Bethel Township Fire Department**  
**8735 South Second Street**  
**Tipp City, Ohio 45371**  
**Miami County**  
**Phone: 937-845-4274**  
**Fax: 937-845-7316**  
**www.betheltownship.org**



**APPLICATION FOR MEMBERSHIP/EMPLOYMENT**

The Bethel Township Fire Department, Miami County, is an equal opportunity employer. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

Date Applied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_  
Volunteer/Daytime resource

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(NO P.O. BOX) \_\_\_\_\_ Street  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Marital Status: S M D W Number of Dependents: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(NO P.O. BOX) \_\_\_\_\_ Street  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**EDUCATIONAL HISTORY**

Elementary School: \_\_\_\_\_  
Name

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diploma Received: \_\_\_\_\_

Trade School: \_\_\_\_\_  
Name

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Course of Study: \_\_\_\_\_ Certificate/Diploma Received: \_\_\_\_\_

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

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Course of Study: \_\_\_\_\_ Certificate/Degree Received: \_\_\_\_\_

List Any Additional Training Below:

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**EMPLOYMENT HISTORY**

List your past three employers starting with the most recent.

Employer: \_\_\_\_\_

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

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ EXT: \_\_\_\_ May we contact this employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

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

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ EXT: \_\_\_\_ May we contact this employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

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

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ EXT: \_\_\_\_ May we contact this employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list three non-relatives whom you have known for at least two years.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**EMERGENCY INFORMATION**

List two people that you wish to be notified in case of emergency.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a misdemeanor other than a traffic violation? if yes, explain.

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Have you ever been charged with a felony? if yes, explain and give details of final outcome.

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Do you have any previous emergency service experience? if yes, when and with whom ?.

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Why would you like to be a member/employee of the Bethel Township Fire Department?

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I further understand and agree that my membership/employment is for no defined period and may be terminated at any time with prior notice and cause.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex or national origin.