



Lawrence Township Fire Department

Chief Mark Stewart
1165 South Locust St
Canal Fulton, Oh 44614
Business Phone: 330-854-6755
Fax: 330-854-9433



Canal Fulton Fire Department

Chief Shawn Yerian
1165 South Locust St
Canal Fulton, Oh 44614
Business Phone: 330-854-2456
Fax: 330-854-0619

Lawrence Township & Canal Fulton are equal opportunity employers. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, nationality or ethnic origin, disability, age, veteran status, or sexual orientation. Your eligibility will be determined by the information you provide on this application. Failure to answer every item truthfully and completely may jeopardize your opportunity for employment. Please write n/a if an item does not apply to you. Social security numbers are used for processing applications and employment records, record checks, and background investigations.

Application for Lawrence Township & Canal Fulton Fire Departments

Qualifications:

- High school graduate or GED
- Valid Ohio drivers license or CDL
- Good driving record with no serious offenses
- No felony convictions
- Good physical condition
- No physical limitations that would keep you from performing the duties of a Firefighter/EMT
- Neat appearance with no facial jewelry
- No facial hair that would interfere with self contained breathing apparatus

LTFD & CFFD provide ongoing training, any additional training will be considered on an individual basis at the discretion of each Fire Chief and governing body.

You will be expected to successfully complete and obtain certification for any courses funded by Canal Fulton or Lawrence Township. Any classes that are not successfully completed and a certificate obtained will become your financial responsibility. Also, in exchange for providing you with this education, you will give the department a two-year commitment of service or reimburse Canal Fulton or Lawrence Township for the full amount of all expenses incurred.

Prior to appointment, you will be required to receive a physical examination and a drug screen at a facility selected by the Board of Trustees, which is paid for by the township or city and included in the two-year agreement on expenses incurred.

After appointment as a firefighter, you will serve a probationary period of not more than one year in which time you will obtain at least basic firefighter certification as required by the State of Ohio.

I have read, understand and agree to all the above conditions.

Signed: _____ Witnessed: _____

Name: _____ Today's Date: _____

Last Name _____ First _____ Middle Initial _____

Address: _____ City _____ St _____ Zip _____

Phone - Home: _____ Cell: _____

Email _____

Do you currently have a valid driver's license? Y ___ N ___

Have you ever been convicted of any traffic violations? Y ___ N ___

Explain if Yes: _____

Driver's License #: _____ State _____ Expiration date: _____

Emergency Contact: Name _____ Relation _____

Contact Phone # _____ Phone #2 _____

Current Employer: _____

Address: _____ Phone: _____

Occupation Description _____

Reason for leaving: _____

1st Previous Employer: _____

Address: _____ Phone: _____

Occupation Description _____

Reason for leaving: _____

2nd Previous Employer: _____

Address: _____ Phone: _____

Occupation Description _____

3rd Previous Employer: _____

Address: _____ Phone: _____

Occupation Description _____

EDUCATION

Education	Name & Location Of School	Years Attended	Graduation Dates	Certificate/Degree Obtained

REFERENCES (no relatives please)

Name	Address	Phone	Years Acquainted

MILITARY SERVICE

Have you ever served in the US armed forces or National Guard?		Yes No	Rank?
Branch	Dates	Type Discharge	Date
Job Description			

CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes No : if Yes describe below.
Description of above:

To the best of my knowledge all the information is true.

Signed: _____ Dated: _____

***** **Do Not Write Below This Line** *****

Interviewed? Yes ___ No ___ By? _____ Date: _____

Remarks: _____

Hired? Yes ___ No ___ Date: _____

Approved By: _____

Required Documents:

The following shall be provided with the application and assembled to the following directions:

- ✓ **Please assemble the set of documents in the order listed below.**
 - ✓ **Do not staple, bend, or bind your personal materials in notebooks, sheet covers, or other materials.**
 - ✓ **Paperclip the set of documents together, and make sure that your name is written clearly on each page.**
 - ✓ **All pages must be standard 8.5” x 11” and paper clipped together in a set.**
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1. Include a passport size color photograph of yourself.
 2. Include a photocopy of your valid Ohio driver’s license.
 3. Provide a photocopy of your high school diploma or equivalent.
 - a. If you cannot get a copy of your high school diploma or GED, you may submit a copy of your transcript, which indicates a date of graduation.
 4. Provide a photocopy of your State of Ohio Level I and/or II Firefighter certification.
 5. Provide a photocopy of Hazmat Awareness, Operations, and/or Technician Level certification.
 6. Provide a photocopy of your current State of Ohio EMT-Basic, EMT- Intermediate, or EMT-Paramedic license.
 7. Provide a photocopy of your current American Heart Association Cardiopulmonary Resuscitation (CPR) certification for Healthcare Providers.
 8. Provide a photocopy of your current American Heart Association Advanced Cardiac Life Support (ACLS) certification for Paramedics. (If applies to you)
 9. Provide a photocopy of your Emergency Vehicle Operators Course (EVOC) certificate.
 10. Provide a photocopy of IS700 Certification, ICS100, and any other ICS certification you may have obtained.
 11. Provide a copy of a physical agility test dated within the last year, which indicates a completed time on it, from a local college or fire school, example: Stark State or Tri-C.
 12. Provide a photocopy of any relevant certification i.e. Fire Inspector, Fire Instructor, EMS Instructor, etc.
 13. Provide a copy of a BCI and/or FBI background check if you have previously done one, date within the last 6 months.



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Authorization for Release of Records/Information

To whom it may concern:

I _____ request the release of information you have concerning my drivers license, criminal and or traffic arrests or investigations concerning myself to BCI, the Canal Fulton Police or Lawrence Township Fire Chief, the Canal Fulton or Lawrence Township Police Chief or their designates.

I hereby release anyone who gives information about me in the course of any investigation covered by the authorization from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information: EXCEPT that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

Date: _____

Signature: _____

Address: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public

Notarial Seal