



Campbell Township Fire Department
Application Form



Fire Application Medical Application

First Name	Last Name	Middle Name
Address		
City	State	Zip
Social Security #	DOB	
Cell Phone #	Other Phone #	
Spouse Name	# of Children	
Current Employer		
Work Phone #	Work Hours	
Work Days	Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/>	

List any previous fire or medical training

- Yes No Are you willing to take all required training?
- Yes No Are you willing to attend 2-3 meetings per month and special trainings?
- Yes No Are you willing to do weekend duty with an assigned crew leader every 3rd weekend?
- Yes No Will you follow orders given to you by an officer or senior personnel?
- Yes No Will you accept and abide by the standard operation guidelines of Campbell Township Fire Department?
- Yes No Will you accept and abide by any discipline given by this department?
- Yes No If you are accepted, will you commit to serve three years or more on the Campbell Township Fire Department? (You will be required to reimburse the department for your training if you leave the department before 3 years without just cause)
- Yes No If married, have you discussed joining the department with your spouse?



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- Yes No A physical is required and paid for by the department. Do you consent to this?
- Yes No Are you in good physical health?
- Yes No Do you have any physical or medical problems that could affect your health while working with the fire department/rescue? (Ex: Diabetes, Asthma, Heart Problems, etc)

If Yes, please list here.

- Yes No Have you used or do you use illegal street drugs?
- Yes No Have you had any traffic tickets in the past 5 years?

If Yes, How many?

Type?

- Yes No Do you have a criminal record?

If Yes, please list when and what.

Beneficiary Information

First Name	Last Name	Middle Name
Address		
City	State	Zip
Social Security #	DOB	

Please attach a statement about why you would like to be on the department and include three references.



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I, _____ give the Campbell Township Fire Chief my permission to review my driving and criminal record with the local law enforcement.

Signature _____ Date _____

Driver's License #

Office Use Only

Date Received: _____

Date Accepted: _____

Date Physical Completed and Passed: _____

Date Starting Service: _____

Date Service Finished: _____