



COLUMBUS, OHIO DIVISION OF FIRE AUXILIARY

Application Packet

Name: _____

Please submit copies of the following documents
as part of your application:

- Drivers License
- Diploma / G.E.D.
- Fire Training Certification
- E.M.S. Certification
- Military Records



COLUMBUS, OHIO DIVISION OF FIRE AUXILIARY

BACKGROUND INVESTIGATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ ,

(PRINT FULL NAME)

having made application with the Columbus, Ohio Division of Fire Auxiliary, and desiring that the Columbus, Ohio Division of Fire Auxiliary be informed as to my previous record and character, do hereby authorize an investigation of my background by the Columbus Division of Fire and/or the Columbus Division of Fire Auxiliary any and all information which may concern my record, reputation, education records, whether the said records are of public, private, or confidential in nature, and further, I hereby release all persons whomsoever from any charge or civil suit resulting from the furnishing of said information.

I further understand that in the event my application is disapproved, the source of confidential information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Listed below are any other names for which my records would be included under:

DATE OF BIRTH: _____

SOCIAL SECURITY NO. ____ - ____ - ____

(Full Signature of Applicant)

(Date of Signature)

(Signature of Witness)

(Date of Signature)



COLUMBUS, OHIO DIVISION OF FIRE AUXILIARY

[PERSONAL, MARTIAL AND ARREST RECORD]

Answers must be printed or hand written legibly with ink. Each question must be answered. There must be NO blanks. If a question does not apply to you, write D.N.A. . Information must be accurate. FALSE statements will be cause for disapproving your appointment or for discharge after appointment. Please note, if a record was attained as a juvenile, and said record has been expunged or sealed by a court, then the question may be answered as if the event had not taken place.

Name: _____
(Last) (First) (Middle)

Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone: _____ Email: _____
(Home) (Work) (Cell)

Birthplace: _____ Date of Birth: _____
(City) (County) (State)

In the space below, list other names by which you have been known (aliases, nicknames, etc.)
_____ Drivers License No. _____

Age _____ Height _____ Weight _____ Social Security No. _____

Father's Name: _____ Date of Birth: _____

Mother's Name: _____ Date of Birth: _____

Martial Status _____ Date Marriage Performed _____
(Married, Single, Divorced or Widower)

Wife's Maiden Name _____

Yes No Have you ever received a traffic citation? (Except parking and equipment violation)

Yes No Were you ever disciplined (as a matter of military record) while in the military service?

If the answer to any of the above is YES, list the information requested below:

Date	Charge		Penalty



COLUMBUS, OHIO DIVISION OF FIRE AUXILIARY

[Education and Employment History]

EDUCATION:

Level	Name of School	Degree or Certificate	Grade Completed
High School			9 10 11 12
College/Tech			1 2 3 4
College/Tech			1 2 3 4

Present Employer: _____ Phone #: _____

Address: _____ May we contact? _____

Dates Employed: _____ Supervisor: _____

Title and Duties: _____

Reason for Leaving: _____

Previous Employer: _____ Phone #: _____

Address: _____ May we contact? _____

Dates Employed: _____ Supervisor: _____

Title and Duties: _____

Reason for Leaving: _____

Previous Employer: _____ Phone #: _____

Address: _____ May we contact? _____

Dates Employed: _____ Supervisor: _____

Title and Duties: _____

Reason for Leaving: _____

Special Skills:



COLUMBUS, OHIO DIVISION OF FIRE AUXILIARY

[References and Contacts]

References:

Give the names of three persons whom you have known for at least a year. References should not be relatives.

1.) Name: _____

Address: _____

Telephone: _____ Relation: _____

2.) Name: _____

Address: _____

Telephone: _____ Years Known: _____

3.) Name: _____

Address: _____

Telephone: _____ Years Known: _____

Names and Telephone Numbers to contact in case of emergency:

Primary Contact:

Name: _____ Telephone: _____ Relation: _____

Secondary Contact:

Name: _____ Telephone: _____ Relation: _____



COLUMBUS, OHIO DIVISION OF FIRE AUXILIARY

[Initial Interview Questions]

Applicant Name: _____ Social Security No. _____

Address: _____ Phone No. _____

Notice: The following Questions and Answers will be verified through a background investigation. Answer each question by circling either YES or NO. Yes answers will require a detailed explanation on the last page.

1. Have you ever been the operator of a motor vehicle involved in an accident? **YES** or **NO**
2. Have you ever had your driver's license suspended or revoked? **YES** or **NO**
3. Are you currently under indictment or a defendant in any pending criminal, civil, or traffic charge? **YES** or **NO**
4. Have you ever been convicted of a misdemeanor (minor offense) ? **YES** or **NO**
5. Have you ever been convicted of a felony (major offense) ? **YES** or **NO**
6. Have you ever been committed to any penal institution? **YES** or **NO**
7. Have you ever been convicted of intoxication? **YES** or **NO**
8. Did you ever receive any military disciplinary action, I.E., Article 15, Captain's Mast or Court Martial? **YES** or **NO**
9. Have you ever stolen any property? **YES** or **NO**
10. Have you ever bought and/or sold any stolen property? **YES** or **NO**
11. Have you ever taken or used any drugs, chemicals or substances other than prescribed by your attending physician in the last 3 years? **YES** or **NO**
12. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems? **YES** or **NO**
13. Do you have any problems controlling your temper? **YES** or **NO**
14. Have you ever applied to this organization or any Fire or Police Department? **YES** or **NO**
15. Do you have any physical or medical condition that would preclude you from any work for which you are being considered? **YES** or **NO**

16. What do feel might qualify and/or disqualify you from membership in this organization?

If the answer to any of the preceding questions is “YES”, it will be necessary for you to explain, in detail, on the addendum sheet provided. Full and comprehensive explanations are required.

ALL APPLICANTS MUST SIGN THE FOLLOWING

I certify that the statements contained in this questionnaire are true and to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my application, or for discharge after my appointment.

(Signature of Applicant)

(Date)



Date: ___/___/_____

Name:

Email:

Home Phone:

Work Phone:

Cell Phone:

---- For Internal Use Only. Do not write below this line. ----

Application received by _____ on ___/___/___

Application review completed on ___/___/___ by _____.

Background initiated on ___/___/___ by _____.

Drug test money collected and form delivered on ___/___/___ by _____.

Applicant contacted to complete drug test on ___/___/___ by _____.

Drug test results received on ___/___/___ by _____.

Oral review board set for ___/___/___ by _____.

Oral review completed on ___/___/___ by _____.

EMBRs and PI-26 forms provided to applicant on ___/___/___ by _____.

Completed EMBRS and PI-26 forms received on ___/___/___ by _____.

Applicant accepted/denied as of ___/___/___ by _____.

Orientation set for ___/___/___ by _____.

EMBRs /PI-26 forms delivered on ___/___/___ by _____ to Liaison Officer.

Orientation completed as of ___/___/___ by _____.

Applicant's fatigues, gear and shot records in order as of ___/___/___ by _____.

Accountability tags and ID completed as of ___/___/___ by _____.

Division ID acquired on ___/___/_____. Must be in your possession before riding

(Applicant Copy)

Columbus Division of Fire Auxiliary Checklist:

Date: ___/___/_____

Name:

Email:

Home Phone:

Work Phone:

Cell Phone:

---- For Internal Use Only. Do not write below this line. ----

Application received by _____ on ___/___/_____

Application review completed on ___/___/_____ by _____.

Background initiated on ___/___/_____ by _____.

Drug test money collected and form delivered on ___/___/_____ by _____.

Applicant contacted to complete drug test on ___/___/_____ by _____.

Drug test results received on ___/___/_____ by _____.

Oral review board set for ___/___/_____ by _____.

Oral review completed on ___/___/_____ by _____.

EMBRS and PI-26 forms provided to applicant on ___/___/_____ by _____.

Completed EMBRS and PI-26 forms received on ___/___/_____ by _____.

Applicant accepted/denied as of ___/___/_____ by _____.

Orientation set for ___/___/_____ by _____.

EMBRS /PI-26 forms delivered on ___/___/_____ by _____ to Liaison Officer.

Orientation completed as of ___/___/_____ by _____.

Applicant's fatigues, gear and shot records in order as of ___/___/_____ by _____.

Accountability tags and ID completed as of ___/___/_____ by _____.

Division ID acquired on ___/___/_____. Must be in your possession before riding

(Division Copy)