The use of this form is voluntary; however, Fire Training Programs not using this form should maintain, on file, a form that includes the below information as a minimum.

Application for Admission to a Fire Training Program

Last Name	First Name	MI	Social Security Number: ____ -- ____ -- ____ Disclosure of SSN is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provisions and any other state or federal requirements.	Date of Birth	Age

Home Address Street	P.O. Box	City	State	Zip Code	County of Residence	Phone ( )

Please indicate the course that you are applying for:

☐ Volunteer	☐ FFI Transition	☐ Firefighter I	☐ Firefighter II	☐ Firefighter I & II	☐ Fire Safety Inspector	☐ Fire Instructor

Start Date of Course: End Date of Course:	Fire Training Program:
Fire Training Program Lead Instructor :	Fire Training Program Address:
Certification Number of Lead Instructor:	Fire Training Program Phone #:

You must answer the following questions:

1. Are you under 18 years of age? ☐ Yes ☐ No
   If yes, are you 17 years of age and currently enrolled in your twelfth or final year of high school? ☐ Yes ☐ No
   IF YOU ARE UNDER 18 YEARS OF AGE, YOU MUST HAVE YOUR PARENT OR LEGAL GUARDIAN SIGN THIS FORM BEFORE IT CAN BE ACCEPTED
2. Have you been convicted of, pled guilty to, or had a judicial finding of guilt for any of the following: fraud or material deception in applying for, or obtaining, a fire certificate; a felony; a misdemeanor of moral turpitude; a violation of any federal, state, county, or municipal narcotics law; any act committed in another state, that, if committed in Ohio, would constitute a violation set forth in 4765-11-03(A)(16)(b) of the Ohio Administrative Code? ☐ Yes ☐ No
3. Have you been adjudicated mentally incompetent by a court of law? ☐ Yes ☐ No
4. Are you currently under indictment for a felony or a misdemeanor involving moral turpitude? ☐ Yes ☐ No
5. Do you currently engage in the illegal use of controlled substances, chemical substances, or other habit-forming drugs; or engage in the use of alcohol to an extent that it impairs the ability to perform the duties of a firefighter or fire safety inspector? ☐ Yes ☐ No

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Fire Training Program to verify any of the above information.	
APPLICANT SIGNATURE X	**DATE**
PARENT SIGNATURE (if applicable) X	**DATE**

I attest that I have reviewed the above information and verified any prerequisite training required of this individual. I also attest that the above individual, having met the admission requirements in Ohio Administrative Code 4765-11-03, is admitted to the fire training program as indicated above as of ___/___/____.

X_____ **DATE**_____

PROGRAM COORDINATOR – SIGNATURE

_____

PROGRAM COORDINATOR – PRINT NAME