



Oak Grove Fire Department

Employment Application

Date of Application: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Social Security No.: _____ Driver's License #: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this department? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Personal Information

List permanent physical or mental condition that you have: _____

Are you Married? YES NO If yes, spouse's name and phone #: _____

Do you have any children? YES NO If yes, how many? _____



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org



Oak Grove Fire Department

List medications you take on a regular basis: _____

Medications

Cont'd: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org



Oak Grove Fire Department

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org



Oak Grove Fire Department

What experience or certifications do you have in Firefighting and EMS?

Emergency Contact

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org



Oak Grove Fire Department

Fire Department Gear and Equipment Return Policy

Policy Statement:

This policy outlines the procedures and responsibilities for returning department-issued gear and equipment by firefighters upon termination or resignation from the Oak Grove Fire Department. The policy aims to ensure the efficient and timely return of all department property and to protect the department's assets and resources.

Scope:

This policy applies to all active-duty members or personnel of the Oak Grove Fire Department who are issued gear, equipment, and property that is required to be returned upon termination or resignation.

Notification:

Firefighters are required to notify the Fire Chief or their immediate supervisor of their intent to resign or upon receiving notice of termination. Such notification should be given as early as possible to allow for proper planning and coordination of the gear and equipment return process.

Property Inventory:

Upon receiving the notification of resignation or termination, the Fire Chief or assigned representative will conduct a comprehensive inventory of all department-issued gear, equipment, and property in the possession of the departing firefighter. The firefighter and an officer will jointly verify and document the items to ensure accuracy.

Return Schedule:

The departing firefighter shall return all department-issued gear and equipment on or before the last day of employment. Exceptions to this schedule must be approved in writing by the Fire Chief or their designated representative.

Return Process:

The firefighter will return all gear and equipment to the designated department location or as directed by the Fire Chief or their representative. A signed acknowledgment of the returned items will be obtained from the firefighter, and a copy will be provided to the firefighter for their records.

Inspection and Condition:

Returned gear and equipment will undergo a thorough inspection by the designated department personnel to assess their condition. Any damages or discrepancies will be documented and discussed



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org



Oak Grove Fire Department

with the departing firefighter. Appropriate actions will be taken in accordance with existing policies and procedures.

Outstanding Dues:

If the departing firefighter has any outstanding dues, fines, or debts such obligations must be settled before the return process is considered complete.

Consequences for Non-Compliance:

Failure to return all department-issued gear and equipment within the specified timeframe may result in the withholding of final pay or accrued benefits until the matter is resolved. The department reserves the right to pursue legal action to recover missing property if necessary.

Follow-up:

The Fire Chief or their designated representative will follow up with the departing firefighter to ensure the complete and satisfactory return of all department property. Any outstanding issues will be resolved promptly.

Effective Date:

This policy is effective as of 8/1/2023 and supersedes all previous policies or guidelines related to the return of department-issued gear and equipment.

I have read and understood the Fire Department Gear and Equipment Return Policy, and I agree to comply with its provisions:

Firefighter Signature

Date

Witness Signature

Date



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org



Oak Grove Fire Department

Workout Release Form

I, _____, understand that participating in physical exercise and using workout equipment carries certain risks and hazards. I acknowledge these risks and hereby release the Oak Grove Fire Protection District from all liability for any personal injuries or harm that may occur while engaging in such activities on Oak Grove Fire Protection District property.

Policy for Minors:

- Minors under the age of 16 years are not permitted to participate.
- Non-member individuals under the age of 18 years must:
 - Be under the direct supervision of an active member.
 - Have this form signed by a parent or legal guardian.

In the event of any injury, it must be reported to a chief officer immediately.

Participant Information

- Printed Name: _____
- Phone Number: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Acknowledgment and Agreement

- Signature of Participant: _____
- Date: _____

Parent/Guardian Authorization

(Required if the participant is under 18 years of age)

- Parent/Guardian Signature: _____
- Date: _____
- Printed Name: _____

By signing this form, I confirm that I have read, understood, and agree to the terms and conditions outlined above.



918-266-6063



395 S. 273rd E. Ave.
Catoosa, OK 74015
info@oakgrovefire.org



www.oakgrovefire.org