TROY FIRE DEPARTMENT

Firefighter Apprenticeship Application

Complete Application Due By

Friday, April 24, 2026

FIREFIGHTER APPRENTICESHIP NOMINATION
CANDIDATE PHOTOGRAPH

(Head and shoulders pose, the face should be clearly shown)

NAME: _____

Head & Shoulders Pose
Image should mostly show your face.
Please attach photo to form.

FIREFIGHTER APPRENTICESHIP
FACT SHEET

AGE: Applicants must be at least 18 years of age, but not past their 25th birthday on July 1st of the year of admission to the academy; must be a citizen of the United States by birth or naturalization on July 1st of the year of admission.

RESIDENCY: All applicants must reside within Miami County.

ACADEMIC QUALIFICATIONS: To be considered, it is recommended that the applicant take the Scholastic Aptitude Test **(SAT – code 1682)** and/or the American College Testing **(ACT – code 7604)**. We strongly recommend taking both tests to determine which one measures the educational background and aptitude most favorably.
The ACCUPLACER Assessment may also be utilized to determine your qualifications, this is a free test conducted at Edison State Community College to determine college readiness and course eligibility in reading, writing, math, and basic computer skills.

MEDICAL QUALIFICATIONS: All physical examinations are performed by a physician and state that the applicant can meet the demands of the job description.

PHYSICAL APTITUDE: Your strength, endurance, and ability are measured by the Physical Aptitude Examination. Candidates are advised to prepare for this examination by engaging in vigorous activities such as running, general conditioning exercises, and competitive games.

The application may be typed or printed clearly.

INTERVIEW: All applicants will be interviewed by the Apprenticeship Review Board. This committee makes recommendations to the fire department. All candidates must be interviewed to compete for nominations. Candidates with incomplete files will not be interviewed.

NOMINATIONS: All nominations are made within two weeks of interviews.

FIREFIGHTER APPRENTICE CANDIDATE CHECKLIST

Use this checklist to manage your progress toward submitting all the necessary information (you do not need to submit this form). **ALL** information on this list **MUST** be submitted for your file to be complete and eligible for consideration by the Review Board.

It is the candidate's responsibility to ensure all necessary documents, including all letters of recommendation, are received by the Troy Fire Department. Candidates are encouraged to check with the apprenticeship office regularly to verify their materials have been received.

ITEM	**DATE SENT**
5-Page Application: - Candidate Data Sheets (3 pages) - Extracurricular Activities Form - Academic Data - Essay Cover Sheet with Typed Essay - Signed Acknowledgement	_____
Academic Data Sheet should include: **(This will be completed by a School Official)** - Official High School Transcript (current) - Full Senior Year Class Schedule - ACT/ SAT or ACCUPLACER Results	_____
Additional Academic/Military Information: - College or Military Transcripts - Certificates or Licensures	_____

Recommendation Forms with Letters:
A minimum of four recommendations are required, two from school officials (i.e., teacher, counselor, administrator, coach) and two from individuals outside the school system (i.e., pastor, scout leader, employer, mentor). If full-time college, at least one school letter should be from a current instructor. Recommendations MAY NOT be submitted by relatives or peers. All letters **must** include a cover sheet.

Name of Recommenders

1) _____ ___ School **3) _____ ___ Non-School**

2) _____ ___ School **4) _____ ___ Non-School**

Please return all items to:
TROY FIRE DEPARTMENT
1528 N Market St
Troy, OH 45373

If you have any questions concerning the process, please contact Tamira Harbour at 937-339-3140
tamira.harbour@troyohio.gov

FIREFIGHTER APPRENTICESHIP
CANDIDATE DATASHEET
(Please Type or Print Clearly)

Full Name: _____
Last First Middle

_____ _____/_____/_____ _____/_____/_____ Male / Female
Nickname, If Used (ex. Thomas/Tom) Date of Birth Social Security Number (Circle One)

Name, Relationship, Phone Number of Emergency Contact

_____

Permanent Address (OH-08):

_____
Street #/Name

_____
City/State/ZIP Code

Temporary Address (college/service):

_____
Street #/Name

_____
City/State/ZIP Code

County of Residence: _____

Home Phone: _____ Cell Phone: _____

_____ _____
e-mail Address Hometown Newspaper(s)

Education:

High School _____ Graduation Year: _____

Counselor's Name: _____

Name/Location of College (if attending full-time): _____

Have you ever been cited, arrested, convicted, or fined for any violation of the law? YES NO
If yes, please describe the incident and nature of the offense: _____

_____

FIREFIGHTER APPRENTICESHIP APPLICATION
EXTRACURRICULAR ACTIVITIES

Please type or print clearly – Use a separate sheet, if needed.

Name: _____

Athletic Achievements – Include all teams, awards, or special recognitions. Be sure to specify the number of years of participation, awards, captain or leadership responsibility:

_____

_____

_____

_____

Extracurricular (Non-Sports) Achievements and Activities (number of years grades 9-12):

Class President	_____	Civil Air Patrol Member	_____
Class Officer	_____	Civil Air Patrol Detachment Officer	_____
Student Body Officer	_____	Boys/Girls State	_____
Officer of a School Club	_____	Boys/Girls Nation	_____
Editor School Publication	_____	Boy/Girl Scout Member	_____
Drama/Speech/Debate Club Member	_____	Eagle Scout/Gold Award	_____
School Band/Chorus	_____	4-H/FFA Member	_____
National Honor Society	_____	4-H/FFA Club Officer	_____
JROTC Member	_____	Officer Other Non-School Club	_____
JROTC Detachment Commander	_____	_____	_____

Additional Extracurricular or special awards: _____

_____

_____

_____

Employment/Military – Include all summer or part-time employment, military occupational specialties. Provide company, type of business, and title/duties performed:

_____

_____

_____

_____

FIREFIGHTER APPRENTICESHIP
ACADEMIC DATA

This form is to be completed by your high school guidance counselor or principal and Returned to:

TROY FIRE DEPARTMENT
1528 N Market St
Troy, OH 45373
tamira.harbour@troyohio.gov or wade.dexter@troyohio.gov

To improve the student's chances of nomination and appointment, academy admissions officials feel it is advisable to encourage the student to take the Scholastic Aptitude Tests (SAT) or the American College Testing (ACT) program test more than once if possible. In many cases, the high score achieved for each category will be used for consideration. Thank you for providing the requested information for this student, it is greatly appreciated.

Student's Name: _____
Last First Middle

Transcript Enclosed: _____ Copy of Full Senior Year Class Schedule Enclosed: _____

Approximate GPA: _____ On a Scale of: _____ Rank in Class: _____ Out of: _____

If not provided on the Transcript, please provide the following data:

ACCUPLACER

Date	Writing Score	Reading Score	Math Score

SAT

Grade	Date	Reading	Math	Writing

ACT

Grade	Date	English	Math	Reading	Sci. Reas.	Composite

Form Completed By: _____ Date: _____

Title: _____ Phone/Email: _____

School: _____

APPLICANT'S NAME: _____

FIREFIGHTER APPRENTICESHIP

ESSAY

WHY DO YOU WISH TO BE A FIREFIGHTER APPRENTICE?

(Explain what drives you to serve your community and detail the leadership skills you possess)

TYPE OR PRINT CLEARLY, 1 – 3 PAGES
PLACE THIS FORM ON TOP OF YOUR ESSAY

Return completed packet to:

TROY FIRE DEPARTMENT
1528 N Market St
Troy, OH 45373

Acknowledgment

Printed Name: _____

By signing the statement below, you acknowledge that you meet the minimum qualifications required to apply to the Troy Fire Department Firefighter Apprenticeship Program. Also:

I hereby state that I am a United States Citizen and a legal resident of Miami County Ohio. I understand that the apprenticeship program requires a minimum of three years of service following graduation and I fully commit to this responsibility. In signing this application, I request that the Troy Fire Department consider my application for an apprenticeship nomination.

The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application, I am also required to submit all of the items on the application checklist.

Signature: _____ **Date: _____**

Return your completed application and related materials to:

Troy Fire Department
1528 N Market St
Troy, OH 45373
Fax: 937-335-3735
tamira.harbour@troyohio.gov
wade.dexter@troyohio.gov