

NEW EMPLOYEE INFORMATION SHEET
SPRINGFIELD TOWNSHIP FIRE DEPARTMENT

POSITION: Part-time Firefighter/Paramedic

NAME: LAST: Yoon
FIRST: Aiden
MIDDLE: Julian

HIRE DATE: 9-23-19

ORIENTATION DATE: _____

HOME ADDRESS: _____
STREET: _____
CITY: Westerville
ZIP: 43081

EMPLOYEE ID: _____

EMAIL ADDRESS: _____

PHONE: HOME PHONE: _____
CELL PHONE: _____

PROVIDER: Verizon

PERSONAL INFORMATION: SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: Jan 12 1996

DRIVER'S LICENSE # _____

EXPIRATION DATE: 01/12/2021

EMERGENCY CONTACT: NAME: _____
RELATIONSHIP: _____
PHONE NUMBER: _____
BENEFICIARY: NAME: _____

FOR OFFICE USE ONLY

PENSION

- P.E.R.S.
- P.F.D.P.F.
- F.I.C.A.

INSURANCE

- NONE
- SINGLE
- FAMILY

STATUS

- FULL-TIME
- PART-TIME
- CONTINGENT
- TEMPORARY

EVALUATION DATE

6 MONTH: _____ SICK: _____

ANNUAL: _____ VAC: _____

Labor Segments— _____

SALARY / HOURLY RATE _____

BACKGROUND CHECK TYPE: __ PHYSICAL: __ UNIFORMS: __

Tina Helminiak

From: Aiden Yoon <aiden.yoon@springfieldfire.com>
Sent: Saturday, February 26, 2022 11:14 AM
To: Tina Helminiak
Subject: Change of address

Dear Tina,

I wanted to let you know that I moved to a new address.


Toledo, OH 43623

Respectfully,
Aiden Yoon, NRP
Community Outreach Coordinator - CPR/AED/ First Aid/Stop the Bleed
Springfield Township Fire Department
aiden.yoon@springfieldfire.com
(c) 734-730-1305

Ohio & Fire Police Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / www.op-f.org

June 14, 2021

KIM UNDERWOOD
SPRINGFIELD TOWNSHIP (LUCAS)
7617 ANGOLA ROAD
HOLLAND OH 43528

Subject: Physician's Report for Member Minimum Medical Testing and Diagnostic Procedures

Name:	Aiden J Yoon	Hire Date:	05/11/2020
SSN:	[REDACTED]	Due Date:	07/10/2020

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the Personal History Record on May 12, 2020.

OP&F received the complete member's minimum medical testing and certification on June 08, 2021.

Based on the review of the member minimum medical reports, this letter will serve as notice that your office has submitted the required reports and certification pursuant to ORC Section 742.38 and OAC Rule 742-1-02. The determination of whether a disability is presumed to be an on-duty injury will be made if and when a member files a disability application with OP&F.

If you have any questions, please contact OP&F at 888-864-8363.

Sincerely,


Kimberly Penn
Member Services Department

L068

Tina Helminiak

From: Aiden Yoon <aiden.yoon@springfieldfire.com>
Sent: Tuesday, June 9, 2020 1:09 AM
To: Nellie Hutchinson; Tina Helminiak
Subject: New address

My new address is:


Holland, Ohio 43528

I wasn't sure who to contact to make appropriate payroll and other changes. Please let me know who else I need to contact if any.

Respectfully,
Aiden Yoon

EMPLOYMENT APPLICATION
SPRINGFIELD TOWNSHIP

LUCAS COUNTY

7617 Angola Road * Holland, Ohio 43528-8602
419-865-0239 PH * 419-868-1413 FAX

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administration Office. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applying for Part time Firefighter Today's Date 6 June 2019

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of source (if applicable) Andrew Sauder

NAME YOON AIDEN J
Last First M.I.

ADDRESS 5513 Mesa Ridge Lane Columbus OH 43231
Street City State Zip

PHONE _____ CEL _____ SSN _____

EMAIL ADDRESS _____

Driver's license number if driving is an essential job function _____ State OH

If under 18 years of age, can you provide required proof of your eligibility to work? yes

Have you ever been employed here before? NO YES if yes, starting ___/___/___ & ending ___/___/___

Date available to work 06/10/19

Employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO
If no, please explain _____

Have you ever been bonded? YES NO
If yes, please explain _____

List any current or retired Springfield Township employees that you know.
Andrew Sauder, David DuBry, Ben Kohler, Curt Bowerman

SKILLS AND QUALIFICATIONS Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Firefighter II (Ohio), Fire Safety Inspector (IFSAC, Ohio), Paramedic (National Registry, Ohio) English (Native), Korean (Native), Spanish (Conversational), Japanese (Conversational - Oral only)

EDUCATIONAL BACKGROUND (If job related) List last three (3) schools attended, starting with the most recent.

SCHOOL ATTENDED	YRS. COMPLETED	DEGREE OR DIPLOMA	GPA OR CLASS RANK	MAJOR	MINOR
Ohio State University	0	—		Econ	
Owens Community College	1	—		Emergency Service	
University of Toledo	3	—		Chem	

REFERENCES List three business/work references that were not your supervisor and that is not a relative.

NAME	TELEPHONE	YRS. KNOWN
Alex Rupp		1.5
Batool Mehdi		4
Chloe Chochard		9

ADDITIONAL INFORMATION List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL, SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE/POSITION HELD

SPECIAL ACCOMPLISHMENTS, awards, publications, etc. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL, SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider



**NATIONAL
TESTING
NETWORK**

Tuesday, July 30, 2019

TO: Fire Department

SUBJECT: Firefighter Mile Authentication Letter

AIDEN YOON (NTN #556752) has successfully **PASSED** the **FIREFIGHTER MILE** at National Testing Network on July 27, 2019.

To verify these results, authorized department contacts can log into their NTN account or contact their Client Services Representative.

Any further questions concerning this candidate can be addressed to National Testing Network at the number below.

Sincerely,

Candidate Support
National Testing Network
1-866-563-3882
support@nationaltestingnetwork.com

National Testing Network
www.nationaltestingnetwork.com

Ohio New Hire Reporting Form

Effective October 1, 1997 Ohio Revised Code Section 3121.89-3121.8911 requires all Ohio Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Ohio within 20 days of hire or rehire date. Information about new hire reporting and online reporting is available on our Web site: www.oh-newhire.com

Send completed forms to:
 Ohio New Hire Reporting Center
 PO Box 15309
 Columbus, OH 43215-0309
 Fax: (614) 221-7088 or toll-free fax 1 (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C
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1	2	3
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EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please use the same FEIN as the listed employee's quarterly wages will be reported under):*

3	4	6	4	0	1	3	6	0
---	---	---	---	---	---	---	---	---

Employer Name:

S	P	R	I	N	G	F	I	E	L	D		T	O	W	N	S	H	I	P				
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Employer Address *(Please indicate the address where the Income Withholding Orders should be sent).*

7	6	1	7		A	N	G	O	L	A		R	O	A	D								
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Employer City:

Employer State: Zip Code (5 digit):

H	O	L	L	A	N	D																	
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O	H
---	---

4	3	5	2	8
---	---	---	---	---

Employer Phone (optional):

Extension:

Employer Fax (optional):

4	1	9	8	6	5	4	1	3	6														
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN)

Employee State of Hire:

O	H
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Middle Initial:

A	I	D	E	N																			
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J

Employee Last Name:

Y	O	O	N																				
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Employee Address:

Employee State: Zip Code (5 digit):

W	E	S	T	E	R	V	I	L	L	E													
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

O	H
---	---

4	3	0	8	1
---	---	---	---	---

Date of Hire:

Date of Birth:

Is this employee an Independent Contractor? Yes No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

0	1	1	2	9	6
---	---	---	---	---	---

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (614) 221-5330 or toll-free 1 (888) 872-1490

This form may be duplicated

CONFIRMATION OF SUBMISSION OF NEW HIRE REPORTS



Ohio New Hire Reporting Center
P.O. Box 15309
Columbus, OH 43215-0309
(614) 221-5330
(888) 872-1490 (toll-free)

New Hire Entries for: Springfield Township
Date: 10/1/2019

SSN	Name	Hire Date	Birth Date	IC	Work State	Address	City	State	Zip	Country
[REDACTED]	David Bowen	09232019		N	OH	[REDACTED]	Napoleon	OH	43545	UNITED STATES
[REDACTED]	Christopher Harrison	09232019		N	OH	[REDACTED]	Toledo	OH	43615	UNITED STATES
[REDACTED]	Aiden Yoon	09232019		N	OH	[REDACTED]	Westerville	OH	43081	UNITED STATES
[REDACTED]	Colin Baney	09232019		N	OH	[REDACTED]	Maumee	OH	43537	UNITED STATES
[REDACTED]	Jacob przenczny	09232019		N	OH	[REDACTED]	Holland	OH	43528	UNITED STATES

[Print Confirmation Report](#)

[Employer Home](#)

[Logout](#)

Springfield Township

Division of Fire & EMS

7617 ANGOLA ROAD

HOLLAND, OHIO 43528-8602

LUCAS COUNTY

FIRE CHIEF

BARRY G. COUSINO

PHONE: (419) 865-4136

ASSISTANT CHIEF

RICHARD T. HELMINSKI

FAX: (419) 865-6884

BATTALION CHIEF

DAVID MOORE



TRUSTEES

MARYLIN YODER

ROBERT BETHEL

ANDREW GLENN

FISCAL OFFICER

DEBBIE CARPENTER

Springfield Township requires verification of information concerning previous public employment for purposes of calculating vacation leave accrual and sick leave credit. This information is being requested under Ohio's Public Records Law.

FORMER EMPLOYER: Wauseon Fire Department

ADDRESS: 230 Clinton St Wauseon OH 43567

PLEASE COMPLETE THE FOLLOWING FOR:

FORMER EMPLOYEE: Aiden Yoon

SSN: [REDACTED]

VERIFICATION OF PRIOR EMPLOYMENT SERVICE: (To Be Completed By Former Employer)

Hire Date: _____ Separation Date: _____

Number of pay periods in active pay status: _____

Number of pay periods inactive pay status (i.e. leave without pay) _____

Please provide a payroll history for this employee to assure that proper credit is given for prior service.

Position Was: Full-Time 40 hours/week
 Part-Time Less than 40 hours a week but considered full time
 Other (Explain) _____

Employee Contributed to OPERS Yes No

Total Service upon Separation _____ Years _____ Days

Number of Sick Hours paid out at separation: _____

Has the employee worked for you within the last 10 years? Yes No

If so, please list the number of Sick Leave Hours that can be transferred: _____

Does the number include other prior service credit? No Yes (agency)

Vacation Accrual rate at time of separation: _____

Did this employee leave employment with your public agency due to conviction of a felony? Yes No

Signature of Former Employer

Title

Date

Phone Number

Please return the requested information to the address listed above. Thank you for your assistance in providing this information. If you have any questions, regarding this request, please contact us at 419-865-4136 ext. 1.

AT-WILL EMPLOYMENT

Employment with the Township is at-will for an indefinite period of time, until terminated by either the Township or the employee, with or without cause. That means either party may end the relationship.

No employment practice of the Township is intended to create a contract of employment. No changes in the Township's employment-at-will policy will be effective unless executed in writing and signed by the Township Trustees.

The Township's employment guidelines are intended only as an explanation of its employment practices, policies, benefits, and a general guide to working for the Township. They do not represent contractual terms of employment. Despite anything that the employee may read into any Township material, employment with the Township is strictly at-will.

The Township Trustees are entitled to modify, revoke, or replace any policies and procedures at any time. None of the Township's policies are meant to serve as an employment contract.

ACKNOWLEDGMENT

I have read this at-will employment policy. I understand that employment with the Township is terminable by either party with or without cause at any time and that employment is for an indefinite period, unless terminated by either party. My signature below acknowledges my reading and understanding of the Township's at-will employment policy.

Employee Signature:



Date:

9/30/19

Trustees

Tom Anderson Jr. (419) 344-5774

Robert Bethel (419) 410-7535

Andrew Glenn (419) 779-7593



Administrator

Michael Hampton (419) 865-0239 x114

Director of Public Services

Andrew Hohlbein (419) 865-0239 x118

Fiscal Officer

Barbara Dietze (419) 865-0239 x117

In order to perform my duties and responsibilities as an employee of Springfield Township, I have been provided with the following township property:

1. Uniform
2. Turn-Out Gear
3. _____

In the event any of the above items are lost or stolen, I will inform my Supervisor immediately, whereas he/she shall determine whether I or Springfield Township pays the cost to replace said item(s).

Aiden Yoon
Print Name

Aiden Yoon
Signature

9/30/19
Date

Fire Trax Data Collection Sheet
Springfield Township Fire & Rescue Department
Accountability System
Lucas County

Firefighter/EMT/Paramedic
Full Name:

Last YOON First AIDEN Middle JULIAN

Address: [REDACTED] City Westerville State OH Zip 43081

Phone: [REDACTED] Mobile: [REDACTED] Fax: [REDACTED] Email: [REDACTED]

Staff ID #: [REDACTED] Rank: [REDACTED] Date of Hire: [REDACTED] DOB: 01/18/1986 Gender M

Certifications: Fire fighter II Ohio, Paramedic Ohio, NREMT Paramedic, Fire Safety Inspector Ohio

Driver's License: [REDACTED] Driver's License State: Ohio Driver's License Expiration: 01/12/2021

Blood Pressure: [REDACTED] Heart Rate: [REDACTED] Blood Type: [REDACTED] Organ Donor: Y N

Physician: [REDACTED] Phone: [REDACTED]

Emergency Contact: [REDACTED] Phone: [REDACTED]

Insurance Carrier: [REDACTED] Policy#: [REDACTED]

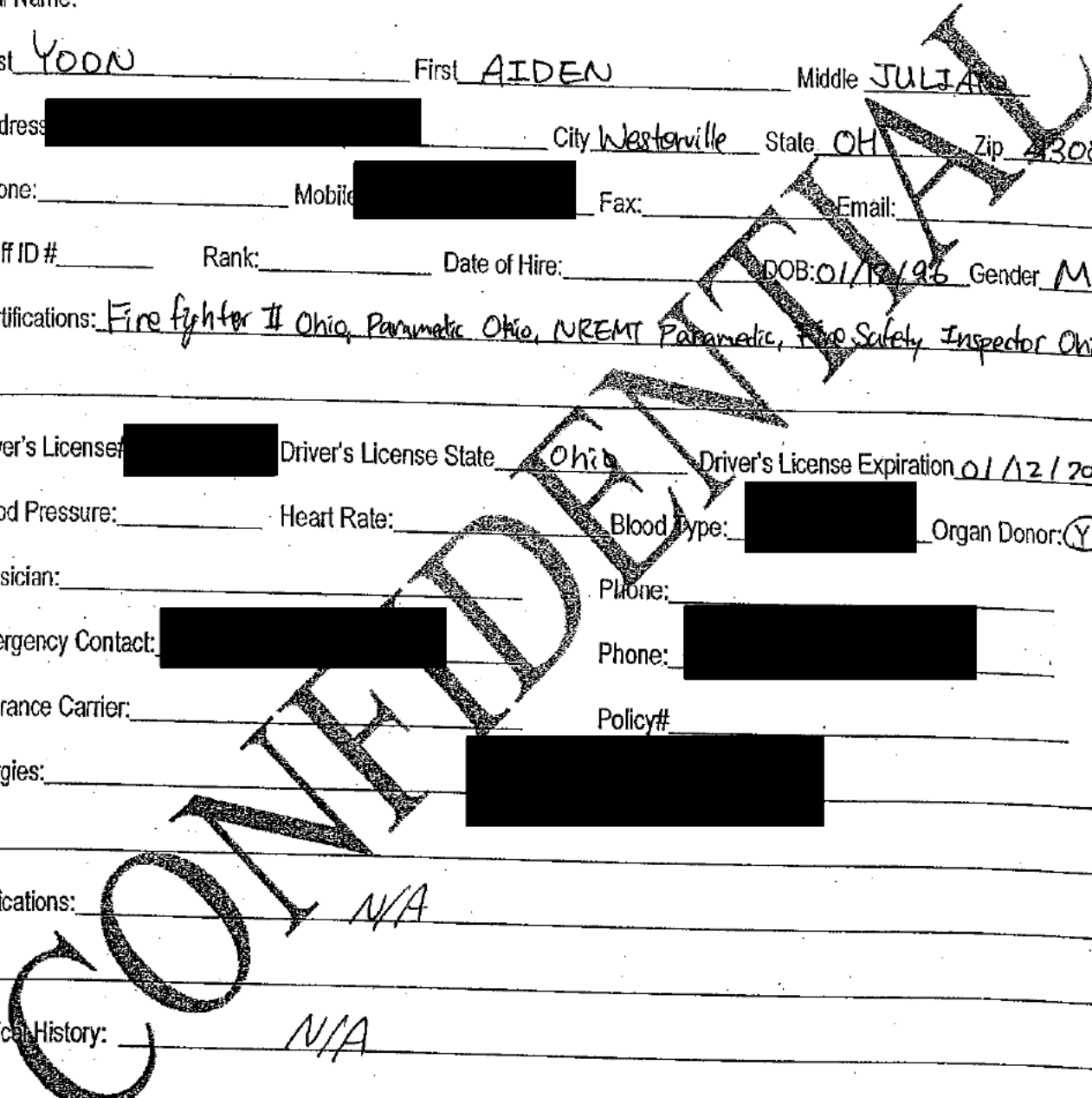
Allergies: [REDACTED]

Medications: N/A

Medical History: N/A

Religion: [REDACTED]

Hair Color: black Eye Color: brown Height: 6' 0" Weight: 170 lbs



LT Bell

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Aiden Yoon Employee ID# 105
Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

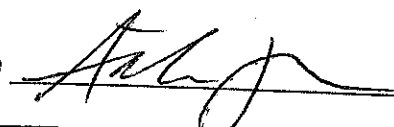
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee  Date 6 May 2020

Tina Helminiak

From: Richard Helminski <richard.helminski@springfieldfire.com>
Sent: Tuesday, May 5, 2020 3:09 PM
To: Colin Baney; David Bowen; Aiden Yoon; Jeremy Chessser
Cc: Tina Helminiak
Subject: Congratulations!

Congratulations

At last night's board of trustees meeting they approved your hiring from part time to full time. As we move forward I'll need each of you to contact Tina Helminiak, who is the townships HR director, and schedule an appointment with her and complete your paperwork and she can be contacted at 419-865-0239 ext. 110. In addition, as a new hire each of you are eligible for new uniforms which includes a class A uniform and winter jacket and that list will be given to superior uniform when you order those items. As discussed on the phone last week with each of you your scheduled to start next week, May 11th and your temporary shifts are shown below:

- Colin Baney C-shift Station 51
- David Bowen B-shift Station 56
- Jeremy Chessser A-shift Station 51
- Aiden Yoon C-shift Station 53

Your temporary shift assignments have been placed in when to work. If you have any questions feel free to contact this office.

Thank you
A/C Helminski

**NEW EMPLOYEE INFORMATION SHEET
SPRINGFIELD TOWNSHIP FIRE DEPARTMENT**

POSITION: FULL TIME FIREFIGHTER II/EMT-P

NAME: LAST: YOON

HIRE DATE: 09/16/2019

FIRST: AIDEN

FULL TIME HIRE DATE: 5/4/2020

MIDDLE: JULIAN

HOME ADDRESS:

STREET: [REDACTED]

CITY: WESTERVILLE

ZIP: 43081

EMAIL ADDRESS: AIDEN.YOON@SPRINGFIELDFIRE.COM

PHONE:
HOME PHONE: [REDACTED]
CELL PHONE: [REDACTED]

PROVIDER: VERIZION

PERSONAL INFORMATION:

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: 1/12/96

EMERGENCY CONTACT:
NAME: [REDACTED]
RELATIONSHIP: FRIEND

PHONE NUMBER: [REDACTED]

BENEFICIARY:
NAME: [REDACTED]

FOR OFFICE USE ONLY

PENSION

- P.E.R.S.
- P.F.D.P.F.**
- F.I.C.A.

INSURANCE

- NONE
- SINGLE/CHILDREN
- FAMILY

STATUS

- FULL-TIME**
- PART-TIME
- CONTINGENT
- TEMPORARY

EVALUATION DATE

6 MONTH: 11/4/20 SICK: CONTRACTUAL
ANNUAL: 5/4/21 VAC: CONTRACTUAL ONE YEAR

Labor Segments—OP&F Fire