

EMPLOYEE INFORMATION SHEET
NEW EMPLOYEE INFORMATION
SPRINGFIELD TOWNSHIP

POSITION: Firefighter/Paramedic

EMPLOYEE ID: 467

HIRE DATE: 02/07/2005

NAME:

LAST: Fordyce

FIRST: William

MIDDLE: James

HOME ADDRESS:

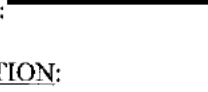
STREET: 

CITY: Waterville

ZIP: 43566

PHONE:

HOME PHONE: 

WORK PHONE: 

PERSONAL INFORMATION:

SOCIAL SECURITY NUMBER: 

EMERGENCY CONTACT:

NAME :

RELATIONSHIP:

PHONE NUMBER:



BENEFICIARY:

NAME: 

For office use only

PENSION

- P.E.R.S.
 O.P.&F.
 F.I.C.A.

INSURANCE

- NONE
 SINGLE
 FAMILY

STATUS

- FULL-TIME
 PART-TIME
 CONTINGENT
 TEMPORARY
 SEASONAL

EVALUATION DATE

6 MONTH 08/22/05
ANNUAL 02/22/06

SALARY / HOURLY RATE: \$15.68

X BACKGROUND CHECK

Form A-F - Fire Fighter Personal History Record

Employer Instructions:

1. This *Form A-F - Fire Fighter Personal History Record* form must be completed for each new employee who is hired as a full-time fire fighter in a position qualifying for enrollment in the Police and Firemen's Disability and Pension Fund of Ohio (PFDPF).
2. The member is to complete Section I.
3. The employer is to complete Section II.
4. Ohio law requires the employer to file with PFDPF a copy of a physical examination report showing the member meets the physical requirements necessary to perform official fire fighter duties.
5. No refund of accumulated contributions or payment of pension, disability, or survivor benefits can be made unless this form has been properly completed and filed with PFDPF.

Section I - Member Information

1. Name Fordyce William James
(last) (first) (middle)

4. Soc. Sec. No. [REDACTED]

2. Address [REDACTED]
(street)

5. Telephone No. [REDACTED]

Waterville OHIO 43566
(city) (state) (zip code)

6. Date of Birth 12 04 1969
(month) (day) (year)

3. Marital Status

- Single
 Married
 Divorced
 Widow/widower

7. Sex

- Male
 Female

FOR OFFICIAL PFDPF INTERNAL USE ONLY

City Code assigned _____

Date Physical Examination received _____

Entered by _____

Date entered _____

Reviewed by _____

Date reviewed _____

Section I - Member Information(Continued)

11. Public Employment Retirement Information

Are you currently receiving or eligible to receive a pension benefit from any public retirement system other than federal social security?

Yes	No
	X

If you answered "yes" to Question 11 above, please list the name(s) and address(es) of the public pension plan(s) which is (are) paying you pension benefit now or which will be doing so in the future.

Name(s) _____
 Address(es) _____

Member Signature and Acknowledgment

State of Ohio }
County of Lucas } SS

Before me, a Notary Public in and for said state, personally appeared

William Fordyce

, (SSN: [REDACTED])

being by me duly sworn, deposes and says that:

- Any statement made, or information provided, on this form is true and correct to the best of my knowledge and belief.
- I am employed as a full-time fire fighter by the Springfield Twp Fire Department.
(employer's name)
- I was appointed to a full-time fire fighter position on February 07 2005
(month) (day) (year)

Further affiant says naught.

B Fordyce
Signature of Member

Sworn to before me and signed in my presence this 22 day of February, 192005



Nellie Hutchinson
Signature of Notary

NELLIE HUTCHINSON
Notary Public - State of Ohio
Lucas County

Stamp My Commission Expires 03-11-2008

Section II - Employer Certification

I hereby certify the following information regarding the full-time fire fighter submitting this application for PFDPF membership:

1. The person described herein¹ is employed by the Springfield Township Fire Department.
(city/township/village/district name)
2. The member has been appointed as a full-time fire fighter to a position in which he/she is required to complete, or to have satisfactorily completed, a fire fighter training course approved under former Section 3303.07 or Section 4765.55, or conducted under Section 3737.33 of the Ohio Revised Code.
3. The member was appointed to a full-time fire fighter position on February 07 2005.
(month) (day) (year)
4. The member has passed a physical examination showing that he/she meets the physical requirements necessary to perform his/her official duties.
5. The member's initial annual salary rate (starting salary on a yearly basis) is \$ 34,245.12.
6. Pension contributions will first appear on the *Report of Retirement Deductions* for Feb 2005.
(month & year)

Signed: Sandra Brasington

Date: 3/22/05

Printed Name: SANDRA BRASINGTON

Title: Clerk



¹ The "person described herein" is now known as the "member."

New Insurance Enrollee

Infinisource Use Only

Account Name: Springfield Township Account #: 8A0079

ID/SS#: [REDACTED]

Employee Name: _____

Mail Notice to: William Fordyce
7768 Timbers Edge
Waterville, OH 43566

Address: _____

City/State/Zip: _____

Enrollee(s) Being Added (Please check ONLY one):

Employee or Employee and Family

Only Spouse or Spouse & Dependents(s) _____
Name(s)

Only Dependent(s) _____
Dependent Name(s)

3/7/05

Insurance Effective Date: _____

Optional

Additional Address: _____ Relationship to Employee

Name: _____

Address: _____

City/State/Zip: _____

Prepared By: _____ Date: _____



Headquarters: PO Box 889 • Coldwater, MI 49036-0889 • 800-300-3838
Fax: 517-278-0764 • www.benefitsolved.com • E-mail: info@benefitsolved.com
Indianapolis Location: PO Box 40036 • Indianapolis, IN 46240 • 800-886-2001
Fax: 317-573-2012

NEW INSURANCE ENROLLEE

Ohio Police & Fire Pension Fund

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

April 6, 2005

Springfield Township
Payroll Clerk
7617 Angola Road
Holland, OH 43528

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

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the personal history record that your office submitted for the member listed below on March 28, 2005. In addition, OP&F received the complete member's minimal medical testing and certification on March 28, 2005.

Name	William J. Fordyce	SSN	[REDACTED]
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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 feel free to contact our Customer Service department at 1-888-864-8363. We do appreciate your assistance in filing these reports in a timely and proper fashion.

Sincerely,



Vicki Whyte
Processing Support Specialist
Member Services Department

Revised March 2002

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

Employee Name William J Fordyce **Employee ID #** _____
Employer Name Springfield Township **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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the 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 the 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 B Fordyce

Date 2-8-05

**SPRINGFIELD TOWNSHIP
DIVISION OF EMS
EMPLOYEE PERFORMANCE APPRAISAL**

Employee Name: William J Fardyce

Review Period: 6-MOS

ID # 467

Date: 8-23-05

I. INSTRUCTIONS:

- A. Point values are assigned to the appropriate description of performance in each category. Descriptive statements serve as guidelines, not complete, factual statements.
- B. Explanatory remarks should be added individualizing each category. Remarks must be made when individuals receive points in the maximum or minimum number of range. Extra paper may be added when remarks exceed the allotted space.
- C. All category point factors are added together to determine the overall performance level of the employee.
- D. The performance appraisal is discussed with the employee. The original copy is retained in the individual's personnel file. A copy of the appraisal is given to the employee.

II. FACTORS OF APPRAISAL:

A. QUALITY OF PATIENT CARE GIVEN

- (12-10) Care is consistently given per the standards set down by L.C.E.M.S. and consistent with Written protocols.
- 8 (9-6) Care is generally done as per the standards set down by L.C.E.M.S. and with written protocols.
- (5-3) Care is inconsistent and varies with written protocol.
- (2-0) Care is unacceptable as given.

REMARKS: *as a fairly new Paramedic, Lem is doing well on h.s. #10, with more time on h.s. & experience, I'm sure he will exceed expectations.*

B. JOB KNOWLEDGE

- (11-9) Has thorough knowledge of all phases of the job and takes opportunities to relate knowledge to others. Consistently increases job knowledge.
- 8 (8-5) Has good knowledge of job duties and utilizes knowledge to perform work well. Increases job knowledge when able.
- (4-0) Has basic knowledge required to perform job duties at a minimal level. Indicates no interest in increasing job knowledge.

REMARKS: *Always willing to learn. Know HEMS protocols but still reviewing. Fire skills are excellent.*

Employee Name: BF

Date: 8-23-05

ID # 467

C. INITIATIVE

- (10-9) Resourceful self-starter. Consistently looks for methods to improve efficiency and productivity.
- 8 (8-6) Usually resourceful. Asks pertinent questions and looks for way to improve. Volunteers when needed.
- (5-3) Performs routine work with prompting. Learns new tasks adequately.
- (2-0) Performs only specified assigned tasks. Must be told what to do. Not a self-starter.

REMARKS:

D. EDUCATION

- (10-9) Frequently seeks out or attends educational programs or certifications that are not required for continuing education but of benefit to the Paramedics job performance.
- 8 (8-7) Occasionally seeks out or attends other educational programs or certifications that are not required but of benefit to the Paramedics job performance.
- (6-0) Attends only those required continuing education programs that are required for job.

REMARKS: Always willing to attend class's
and 16° P.E.D.'S REVIEW CLASS IN PAST 6 MOS.

E. ATTITUDE

- (10-9) Highly cooperative. Makes special efforts to be helpful and supportive. Inspires teamwork and cooperation. Highly enthusiastic.
- 8 (8-6) Cooperative, Motivated toward working well with all people. Accepts and makes suggestions toward the betterment of the Paramedic division. Enthusiastic.
- (5-3) Generally cooperative. Rapport with supervisor and fellow employees not fully established. Moderately enthusiastic.
- (2-0) Generally uncooperative. Does not accept instruction and criticism well. Not enthusiastic.

REMARKS: get along well to others, always willing to help others.

Employee Name: BF

Date: _____

ID # 4607

F. WORK HABITS

(10-9) Consistently performs all daily or other required chores as well as maintenance of equipment and supplies.

#8 (8-6) Frequently performs all daily or other required chores and maintenance of equipment and supplies.

(5-3) Inconsistent performance of daily or other required chores as well as maintenance of equipment and supplies.

(2-0) Does not perform daily or other required chores as well as maintenance of equipment and supplies.

REMARKS:

G. JOB PROGRESS

(12-9) Exceptional progress noted. New duties and responsibilities consistently assumed and applied. Advances exemplified.

8 (8-6) Good Progress noted. Job duties are being assumed and properly applied. Advances apparent.

(5-3) Progress noted. Job is being learned at a marginal rate. Some indication of advances being made.

(2-0) Little or no progress noted.

REMARKS:

H. PERSONAL APPEARANCE

4 (5-4) Appearance above average.

(3-2) Appearance suitable for job.

(1-0) Appearance not suitable for job.

REMARKS: Always have good appearance.

Employee Name: BF

Date: _____

ID # 467

I. ACHIEVEMENT OF SPECIFIC EXPECTATIONS OF SUPERVISION

- (20-16) Goals and objectives surpassed. Team concept realized and practiced. Potential exemplified.
- 15 (15-11) Goals and objectives met. Acceptance as team member established. Developing potential.
- (10-6) Goals and objectives partially met. Strives to work as team member. Shows potential.
- (5-0) Goals and objectives not met. Acceptance as a team member not established. Questionable potential.

REMARKS:

II. TOTAL POINTS AND OVERALL PERFORMANCE LEVEL

- (100-84) Excellent performance level.
- (83-75) Above average performance level.
- (74-67) Average performance level.
- (66-57) Marginal performance level.
- (56-0) Unsatisfactory performance level.

75 TOTAL

IV. SUPERVISORY COMMENTS AND SUGGESTIONS FOR PERFORMANCE IMPROVEMENT

Wm performs extremely well in the firefighting role as evidenced by the Wyandotte fire. As a fairly new recruit he is developing well in this role, always seeking information ways to do things better.

Assistant Chief's Signature

Date

Lieutenant's Signature

Date

BA [Signature] 8-23-05

James Peller [Signature] 8-23-05

Employee Name: BF

Date: _____

ID# 467

V. EMPLOYEE COMMENTS

This report has been discussed with me and I have received a copy.

[Signature]
Employee Signature

8/23/05
Date