



Fredonia Fire Department Member Application



The position you are applying for is Volunteer Firefighter

Name: _____
Last First Middle

Address: _____ City: _____

State _____ Zip Code: _____

Home # _____ Work # _____ Mobile# _____

1. Are you legally authorized to work in the U.S.? YES _____ NO _____

2. If hired, can you provide proof that you are at least 18 years of age? YES _____ NO _____

3. Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying? YES _____ NO _____

(NOTE: Employment is contingent on applicant meeting minimum physical/mental demands of the position)

If you answered yes, please explain: _____

Do you have any commitments or responsibilities that might prevent you from meeting job requirements?

YES _____ NO _____ If yes, please explain: _____

5. Do you have any relatives on the Fire Department? YES _____ NO _____

If yes, who? _____

6. Have you previously applied for this position? YES _____ NO _____

If you answered yes, when did you apply? _____

7. Have you ever worked for the Town of Fredonia? YES _____ NO _____

If you answered yes, when and in what department did you work for _____

Education and Training

1. High School: _____ Did you graduate? YES _____ NO _____

Number of Years Attended _____

2. College/Trade School: _____ Subject Major: _____

Did you earn your degree? YES _____ NO _____

3. Please list any skills which you feel relate to this position: _____

4. Have you received Firefighter training in the past? YES _____ NO _____

Type of Firefighter training: _____ Date: _____

5. Have you received first aid training in the past? YES _____ NO _____

Type of first aid training: _____ Date last certified: _____

Background and Driving Record Check

NOTE: The existence of a criminal record will not automatically disqualify you from employment with the town, though certain types of criminal convictions may prohibit you from working in certain positions.

1. Have you ever been convicted as an adult of a felony? YES _____ NO _____

If yes, date and place:

Nature of offense:

Disposition:

2. Do you agree to a criminal record check (past convictions are not an absolute bar to employment)?

YES _____ NO _____

3. Do you agree to a driver's license record check? YES _____ NO _____

Driver's license number: _____ Social Security Number: _____

4. Do you have truck driving experience? YES _____ NO _____ Type of vehicle: _____

Driver's license class – A, B, C: _____

Endorsements: _____

Availability and Employment History

1. What hours are you available to respond to emergency calls? _____
Approximate minutes from home to Fire Station: _____
Approximate minutes from work to Fire Station: _____

2. Can you be available meetings and training sessions? YES _____ NO _____

3. Can you attend a NFPA 1403 Basic (Essential) Training Program? YES _____ NO _____

4. Can you attend a First Responder or EMT course? YES _____ NO _____

5. Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Job Title: _____ Date Employed: _____

Total Years Employed: _____ Working Hours: _____

Specific Duties: _____

Does business take you out of town? YES _____ NO _____ If yes, please explain normally what hours are you out of town: _____

May we contact your employer? Yes _____ NO _____

6. Please list your Military Service if applicable:

Branch of Service: _____

Reserve Status: _____

Attendance requirements if in the Reserve or Guard: _____

7. Any mechanical, electrical or other specialized work experience? YES _____ NO _____ If so, please explain: _____

8. References—please list three references that are not related to you.

1. Name: _____ Address: _____

Phone: _____

2. Name: _____ Address: _____

Phone: _____

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the Town of Fredonia and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the Town of Fredonia information classified as private and have been or will be collected by the Town of Fredonia and/or its agents and/or representatives.

This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the Town of Fredonia to have access to this information is to determine my suitability for employment for the position of Volunteer Firefighter. I release all parties from any and all liability and claims for damage whatsoever that may result there from.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the Town Council of the Town of Fredonia. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: _____

Signature: _____

Date: _____

**Consent for Release of
Employment and Applicant Records
And Release of Liability**

I, _____ hereby consent to the release of any and all personnel information, criminal information or other information about me or related to me or my employment or application for employment with the **Fredonia Fire Department**, including but not limited to: criminal history checks and driving record checks and all other information related to my employment, application for employment or other attempt(s) to secure employment. This information is needed for the purpose of determining eligibility.

In connection with this authorization for release of information, I hereby release all parties listed and all of its current and former employees, officers, Board members, agents or representatives from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall automatically expire one (1) year from the date on which this form was signed unless specific written revocation is received by the **Fredonia Fire Department** prior to that date.

Full Name: _____ Date of Birth: _____
(Last, First, Middle)

Drivers License Number: _____

Current Address:

Date: _____ Applicant's Signature: _____

Volunteer Fire Department Acknowledged Requirements

I acknowledge and understand that application to become a firefighter with the Fredonia Volunteer Fire Department requires the following commitment:

1. Pass physical examination
2. Pass physical work performance test

Selected applicants will be subject to a 12-month probationary period with review after six (6) months. The following must be completed or accomplished during the 12-month probationary period:

1. Attend monthly meetings & monthly drills
2. Must be clean shaven (NO BEARDS)
3. Attend functions of Fire Department

There will be additional training required after becoming an active member of the Fire Department. Firefighters will be required to:

- I. Start NPPA 1403 Basic (Essentials) course within first two (2) years and complete within four (4) years. (Tuition paid by Fire Department)
- II. Complete First Responder or EMT training within 2 years
- III. Attend Hazardous Material training - Attend Regional and Sectional Schools
- IV. Attend training as prescribed in the Fire Department Bylaws and Standard Operating

Procedures

Being a firefighter is an emotionally challenging job and provides you with self-respect and self-satisfaction.

Fire fighting requires training and demands team effort and respect from each individual firefighter in the Department.

I have read these requirements and agree to them.

Date: _____ Signature of Applicant _____

To be signed by Applicant's Employer

I _____, the Employer of _____

agree to release said individual during work hours to respond to emergency calls with the Fredonia Fire Department.

List any restrictions:

Date

Employer Signature

Employer Name