

LEDGEVIEW FIRE DEPARTMENT

VOLUNTEER FIREFIGHTER APPLICATION

	<u>Yes</u>	<u>Date</u>
Interview	<input type="checkbox"/>	_____
Background Check	<input type="checkbox"/>	_____
Physical	<input type="checkbox"/>	_____

Office use Only

Date Received: _____

Date Hired: _____

Date: _____

Federal and State laws prohibit discrimination. This Application is for use in screening applicants for volunteer fire fighters for the Ledgeview Fire Department. The Town of Ledgeview is an equal opportunity employer. The Ledgeview Fire Department is committed to the equality of opportunity for all people. It is the policy of Ledgeview Fire Department to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.

Note: Read and complete all portions of this form in your own handwriting in ink (Please Print). Applications that are incomplete or filled out in pencil may be rejected.

PERSONAL INFORMATION				Home Phone: _____	
Name: _____			Work Phone: _____		
(Last)	(First)	(MI)	Cell Phone: _____		
Address: _____					
Street	City	State	Zip Code		
E-Mail: _____					
Are You at Least 18 Years or Older?		Yes	No		
Are you a U.S. Citizen?		Yes	No	If no, do you have the legal right to work in the U.S.?	
				Yes	No
Education (Highest grade completed): _____					

Have you **ever** previously applied with the Ledgeview Fire Dept.? Yes No

Were you referred by anyone? _____

Name

Please indicate any training/certification that you have obtained:	Entry Level	Cert FF 1	Cert FF 2	EMT	1st Responder
Describe any specialized training, apprenticeship, skills & extra-curricular activities:	Paramedic	Other _____			
Describe any honors you may have received:					
State any additional information you feel may be helpful to us in considering your application:					

MOTOR VEHICLE LICENSES List **all** driver licenses held in the past 5 years (include multiple licenses)

State	License Number	Expiration Date	Commercial Drivers License?	
			Yes	No
			Yes	No

Availability (Please indicate specific times): Daytime _____ Night _____

Has any license, permit or privilege **ever** been suspended or revoked? Yes No

Have you **ever** been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending? Yes No

Have you **ever** been convicted for driving under the influence of alcohol, a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending? Yes No

Have you **ever** been convicted of a felony or for possession, sale or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending? Yes No

If you answered YES to any of the above, please explain on a separate piece of paper.

TRAFFIC CONVICTIONS (If **none**, write none) List **all** traffic convictions and forfeitures for the **past 5 years** (in any motor vehicle, other than parking violations, add another page if necessary)

Date	Location (State)	Violation (If speeding, show rate of speed)	Penalty/Amount of fine

EMPLOYMENT HISTORY FOR PAST 3 YEARS (Starting with last one first)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SELF-EMPLOYED?	POSITION	PRESENT WORK HOURS
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Attach an additional page if necessary to complete 3 year history

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS.

	NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1					
2					
3					

TO BE FILLED OUT BY APPLICANT:

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initializing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

Initial:

- _____ I authorize the Ledgeview Fire Department to conduct a background check (including criminal) in connection with this application. I release the Ledgeview Fire Department and the Town of Ledgeview from any and all liability as a result of this check.
- _____ I authorize the Ledgeview Fire Department to contact my prior employers, references and any other individuals the Ledgeview Fire Department considers necessary. I agree to sign any authorizations for release for information that my employers and references may require as a pre-condition to their release of information.
- _____ I acknowledge that I will be required and agree to submit to a physical examination and testing for alcohol and drug use as part of my evaluation process. I authorize release of my physical exam and drug and alcohol test results to the Ledgeview Fire Department for its use in determining my qualifications to become a volunteer member of the Ledgeview Fire Department.
- _____ I agree that, if any of the information provided in this application and/or any supplemental documentation changes, whether before or after I become a volunteer firefighter with the Ledgeview Fire Department, I will immediately provide the Department with new and updated information;
- _____ I agree that the information provided is truthful to the best of my knowledge and any information deemed false, misleading or incomplete in this application and/or supplemental documents or in connection with my evaluation by the Ledgeview Fire Department to become a volunteer member of the Department is grounds for immediate termination.
- _____ If accepted as a volunteer firefighter with the Ledgeview Fire department, I agree that my status as an employee depends upon my successful performance during a probationary period. In addition, I understand that the Town of Ledgeview and the Ledgeview Fire Department maintains a drug-free and violence-free workplace.
- _____ If accepted, I agree to participate in all training and exercises mandated by the Ledgeview Fire Department to maintain my status as a volunteer firefighter and to comply with all applicable policies, rules and regulations established by the Town of Ledgeview and the Ledgeview Fire Department..
- _____ I understand that my application will be held on file for two (2) years, and after that time I may reapply.

I certify that all statements made in this application are true, and I agree and understand misstatements or omissions of material facts herein may result in my termination from the Ledgeview Fire Department.

Date: _____ Signature: _____

Print Name: *Date of Birth _____

*Social Security No. _____

*Provided for background check

If you need reasonable accommodation anytime during the application process, please notify the Town of Ledgeview.