### AULT-PIERCE VOLUNTEER FIRE DEPARTMENT

### APPLICATION FOR MEMBERSHIP

|  |
| --- |
| **PERSONAL INFORMATION** |
| Name: (Last, Middle, First)      | Date of Birth:       |
| Address: (Street, City)      | Social Security Number:      |
|       | Subdivision:       |
| Home #:       | Cell/pager #:       |
| Work #:       | Email Address:       |

|  |  |  |  |
| --- | --- | --- | --- |
| Race: (optional)       | Gender:       | Weight:       | Height:       |
| Hair:       | Eyes:       | Scars:       |

|  |  |  |
| --- | --- | --- |
| Drivers License #:       | State:       | Type/Class:       |
|  |  |  |

|  |
| --- |
| **EMERGENCY CONTACT INFORMATION** (in case of accident and/or injury) |
| Name:       | Relationship:       |
| Address:       | Work Phone:       |
| Street, City, State, Zip:       | Home Phone:       |
| Doctor Name:       | Doctor Phone:       |

|  |
| --- |
| FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCEList previous **fire organization** membership and **firefighting** training with inclusive dates: |
| Organization:       | How Long:       |
| Address:       | Supervisor:       |
| Date you entered:       | Supervisor’s Telephone:       |
| Date you left:       |
| Reason you left:        |
| Rank or Positions Held:       |
| Organization:       | How Long:       |
| Address:       | Supervisor:       |
| Date you entered:       | Supervisor’s Telephone:       |
| Date you left:       |
| Reason you left:        |
| Rank or Positions Held:       |
| Organization:       | How Long:       |
| Address:       | Supervisor:       |
| Date you entered:       | Supervisor’s Telephone:       |
| Date you left:       |
| Reason you left:        |
| Rank or Positions Held:       |

|  |
| --- |
| List previous **Emergency Medical Service & Fire** training with inclusive dates (list highest level of training, expiration date of certification and organization): |
| #1:       |
| #2:       |
| #3:       |

|  |
| --- |
| List any or all other volunteer organizations you are or have been a member (NAME and LOCATION): |
| #1:       |
| #2:       |
| #3:       |
| #4:       |

|  |
| --- |
| Please tell us briefly why you would like to become a member of the Ault-Pierce Volunteer Fire Department. |
|       |

|  |
| --- |
| **EMPLOYMENT HISTORY**List below all previous employers in last 5 years starting with most current:(use additional paper if necessary) |
| Current Employer:       | How long:       |
| Address:       | Position Held:       |
| City, State, Zip:       | Supervisor:       |
| Business Telephone:       | Supervisor’s Telephone:       |
| Employer:       | How long:       |
| Address:       | Position Held:       |
| City, State, Zip:       | Supervisor:       |
|  | Supervisor’s Telephone:       |

|  |
| --- |
| **REFERENCES**Please list **three** character references |
| Name:       | Occupation:       |
| Address:       | Work Phone:       |
| City, State, Zip:       | Home Phone:       |
| Interviewer's Notes:  |
| Name:       | Occupation:       |
| Address:       | Work Phone:       |
| City, State, Zip:       | Home Phone:       |
| Interviewer's Notes:  |
| Name:       | Occupation:       |
| Address:       | Work Phone:       |
| City, State, Zip:       | Home Phone:       |
| Interviewer's Notes:  |

|  |
| --- |
| **CRIMINAL HISTORY** |
| Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations? |
| [ ]  YES | [ ]  NO |

|  |
| --- |
| Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending? |
| [ ]  YES | [ ]  NO |

|  |
| --- |
| Have you ever forfeited a bond? |
| [ ]  YES | [ ]  NO |

|  |
| --- |
| If YES to the criminal history questions, explain in detail below (use additional sheet of paper of needed) |
|       |

|  |
| --- |
| MEDICAL HISTORYHave you ever been diagnosed as, or been treated for having any of the following? |
| Diabetes       | Cardiovascular Problems (Heart Disease)       |
| Emphysema       | Cerobrovascular Accident (Stroke)       |
| Tuberculosis       | Hypoglycemia (Low Blood Sugar)       |
| Epilepsy       | Eyesight Defects       Corrected?       |
| Cerebral Palsy       | Hearing Defects       Corrected?       |
| Nervous Disorders       | Lifting Restrictions       |

|  |
| --- |
| Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?      |

|  |
| --- |
| If YES to any of these questions, explain in detail (use additional paper if needed).      |

Please read and sign:

I,       hereby make application for membership in the Ault-Pierce Volunteer Fire Department.

|  |
| --- |
| I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE AULT-PIERCE VOLUNTEER FIRE DEPARTMENT.SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **FOR DEPARTMENT USE ONLY** |
| Date Application Received: |  |
| Application Received By: |  |
| Department Interviewer: |  |
| Background Check Conducted: |  |
| Background Check Results / Date: |  |
| Police Record: |  |
| References Checked By: |  |

|  |  |
| --- | --- |
| Date Presented to Executive Board: |  |
| Executive Board Decision: |  |

|  |  |
| --- | --- |
| Date Presented to Membership: |  |
| Membership Decision: |  |

|  |  |
| --- | --- |
| Date up for Regular Status: |  |
| Regular Status Vote: |  |

**Volunteer Fire Department Acknowledged Requirements**

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

1. Pass the application
2. Pass background check

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

1. Must attend all monthly meetings to stay in good standing
* 75% of Monthly Fire training. First Thursday of the month. & Monthly Business Meeting third Thursday of the month.
* 50% of all Monthly CME meetings on the fourth Thursday of the month.
1. **Must make a minimum of 20% of the call annually ( in-district ) or 48 hours per month (out-of-district)**
2. Must complete task sheet and be checked off by an officer.
3. Must be able to demonstrate that you can operate apparatuses, radios and equipment.
4. Must be clean shaven ( No Beards)
5. Attend Fire Department functions.

There may be additional training required upon request of the officers:

1. First responder course (60 hours course)
2. Firefighter I course

Being a firefighter is an emotionally challenging job and provides you with self-satisfaction. Firefighting requires training and demands team effort and respect from each individual firefighter in the Department.

**I have read these requirements and agree to them**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Applicant Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name