### AULT-PIERCE FIRE DEPARTMENT

### APPLICATION FOR MEMBERSHIP

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

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

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| Driver’s License #: | State: | Type/Class: |
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| **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: |

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| FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE List 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: | |

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| List previous **Emergency Medical Service & Fire** training with inclusive dates (list highest level of training, expiration date of certification and organization): |
| #1: |
| #2: |
| #3: |
| #4 |
| #5 |

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

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

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| **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: | |

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| **CRIMINAL HISTORY** | |
| Have you been convicted of a Felony or Misdemeanor including moving traffic violations? | |
| ☐ YES | ☐ NO |

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

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| Have you ever forfeited a bond? | |
| ☐ YES | ☐ NO |

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

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

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| 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 Fire Department.

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| 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 FIRE DEPARTMENT.  SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR DEPARTMENT USE ONLY** | |
| Date Application Received: |  |
| Application Received By: |  |
| Ride Along Date: |  |
| Interview Date: |  |
| Acceptance/Denial Notice Sent: |  |
| Background Check Conducted: |  |
| Drug Screen: |  |
| Background Check Results / Date: |  |
| MVR Checked By/Date: |  |
| Effective Start Date: |  |

**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 (or enough shifts)
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. Attending 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.**

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Signature of Applicant Date:

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Printed Name