



Woodcrest Fire Department
11975 S. Douglas Blvd
Guthrie, OK 73044

Phone: (405) 282-6567

Fax: (405) 293-9544

Email: wcf11975@gmail.com

Applicant Check List:

- WCFD Application for Employment
- Driver's Background Check
- OSBI Background Check
- State Pension Forms 11 & 13 completed
- Interview with WCFD company officers and Fire Chief
- Voted on and approved by WCFD Firefighters
- Presented and approved by the WCFD Board of Directors



**Woodcrest Fire Department
Guthrie, OK
Application of Employment**



Firefighting

Non-Firefighting

NAME _____
 First Middle Initial Last

Address _____
 City _____ State _____ Zip _____

Phone (h) _____ (wk) _____ (c) _____ (e-mail ?) _____

Social security # _____ - _____ - _____ OK. D.L. # _____, restrictions? _____

Birth date ____ / ____ / _____ Age ____ Height ____' ____" Weight ____ lbs.

(Health) Excellent ____ Good ____ Fair ____ Poor ____ Do you have any physical disabilities that would prevent or limit you from performing Fire Dept. duties? NO ____ Yes? (explain) _____

Marital Status: M ____ S ____ (Spouse Name) _____

Education:

High School Graduate, or Ged equivalent? Yes ____ No ____ Last grade completed? _____

Technical trades, college? Yes ____ No ____ Subjects studied. _____

Employment:

Present Employer _____ How long (yrs) _____ (Month) _____

Address _____ Phone _____ - _____

Previous Employer (If less than 1 yr at present employer: _____

Address _____ Phone _____ - _____

Please list at least 3 persons not related to you and have known you for at least 1 yr. who are familiar with your education or work.

Name _____	Phone _____ - _____
Name _____	Phone _____ - _____
Name _____	Phone _____ - _____

Military Service:

_____ Branch _____ Rank _____

Service Dates ____ / ____ / _____ to ____ / ____ / _____ Discharge Status _____

Field of Specialty _____ National Guard / Reserves: Yes ____ No ____

Rank & Duty Requirements _____

Have you ever been or currently a member of a Fire Dept / Rescue Squad or similar organization? Yes ____ No ____

Name / Address of organization _____ Date of service ____ / ____ / ____

Position held _____ Immediate supervisor _____ Phone # _____ - _____

Reason for leaving _____

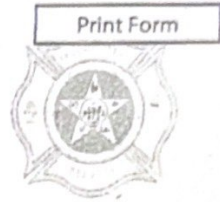
List related training you have completed. _____

(Please provide a COPY of any certifications you may have)



Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.ok.gov/fprs



EMPLOYEE ENTRANCE APPLICATION

Firefighters are entitled to member benefits under the pension system only upon receipt of this application in the pension office. Do Not wait until the probation period has ended to send in the Form 13.

City _____ Social Security Number _____

County _____

Code _____

Name (Last) _____ (First) _____ (Middle) _____
(as shown on current social security card)

Address _____
City _____ State _____ Zip _____

Phone _____ Sex _____ Birthdate _____ Status: Paid _____ Volunteer _____
mo. day yr.

Have you previously served on this or any other fire department in Oklahoma? If yes, list department(s) below.

_____ From _____ to _____ Pd. _____ Vol. _____
(city)

_____ From _____ to _____ Pd. _____ Vol. _____
(city)

(For Office Use Only – Total Additional Service Time:)

Prepared by _____ Date _____ yrs. mo. days

Reviewed by _____ Date _____

Have you ever received a Refund of Contributions from the Firefighters Pension & Retirement System? _____
If Refund was received, it must be returned (plus ten percent interest from date of withdrawal) in order for previous service time to count towards retirement.

Have you ever served in the armed forces of the United States? If so, submit a copy of your service record including date of entry, date of discharge, and proof of an honorable discharge.

Spouse's Name _____ Birthdate _____ Marriage Date _____

child's name _____ mo. day yr. child's name _____ mo. day yr. child's name _____ mo. day yr.

child's name _____ mo. day yr. child's name _____ mo. day yr. child's name _____ mo. day yr.

Signature _____

Applicant

Date Hired: _____

Fire Chief

**MUST BE COMPLETED, SIGNED AND NOTARIZED
ON REVERSE SIDE**

RELEASE OF INFORMATION FOR PAID AND VOLUNTEER MEMBERS

I, _____, authorize the Oklahoma Firefighters Pension and Retirement Board ("Board") to conduct a physical examination, as required by 11 O.S. §49-116, in order for me to participate in the retirement system and qualify to receive any pension benefits, if applicable. Further, I consent to the release of the examination results, and any other information, including but not limited to medical information relating to the existence of my disability, if any, or any other information related to my pension benefits, to personnel authorized by the Board, participating employer, local pension board, physicians or medical personnel selected by the Board, and to Board members, for appropriate review and the determination of disability or regular pension benefits.

Applicant

State of Oklahoma)

County of _____)

I hereby certify that the above and foregoing release was executed by _____ on this _____ day of _____.

My commission expires _____ Notary Public _____

PLEASE ENCLOSE:

FORM 11: DESIGNATION OF RECEIPT FOR DEATH BENEFIT

SSA - 1945: STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY

AGILITY TEST

\$60 CHECK FOR VOLUNTEER APPLICATIONS* (UNLESS DEPARTMENT IS AN APPROVED EXEMPT DEPARTMENT)

Return to: **OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM**
6601 Broadway Ext., Suite 100
Oklahoma City, OK 73116-8214

*\$60 check is to cover first calendar year of required volunteer contributions, failure to remit check will result in a return of this application.

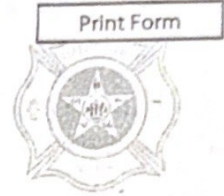
Print Form

Form 13 Rev. 12/15



Oklahoma Firefighters Pension and Retirement System

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Oklahoma City, Oklahoma 73116-8214
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DESIGNATION OF RECIPIENT FOR \$5,000 DEATH BENEFITS

NAME _____ SSN _____
 FIRE DEPT. _____ ACTIVE _____ RETIRED _____
 COUNTY _____ DATE _____

State Law provides the eligible spouse will receive the death benefit before any primary or contingent recipient is considered. List your spouse as primary recipient only if you have been married less than 30 months and wish to make her a recipient.

SECTION 1. PRIMARY RECIPIENT OR RECIPIENTS: If more than one recipient is named in this section, the interest of all recipients shall be equal. Upon death of any designated *primary* recipient, his/her interest shall pass to the remaining *primary* recipient in equal shares.

1. I hereby designate _____
 _____ First Name Middle Name Last Name _____ Birthday _____
 _____ Relationship Mailing Address City State Zip _____ Phone _____

2. I hereby designate _____
 _____ First Name Middle Name Last Name _____ Birthday _____
 _____ Relationship Mailing Address City State Zip _____ Phone _____

3. I hereby designate _____
 _____ First Name Middle Name Last Name _____ Birthday _____
 _____ Relationship Mailing Address City State Zip _____ Phone _____

as many primary recipient(s) if living, or in the event of prior death of all the primary recipients, then payment is to be made to the contingent recipient(s) in Section 2.

SECTION 2. CONTINGENT RECIPIENT OR RECIPIENTS: Payment will be made to *contingent* recipients if all *primary* recipients are deceased. If more than one *contingent* recipient is named, payment will be made in equal shares. Upon the death of a *contingent* recipient, his/her interest shall pass to the remaining *contingent* recipient in equal shares.

1. I hereby designate _____
 _____ First Name Middle Name Last Name _____ Birthday _____
 _____ Relationship Mailing Address City State Zip _____ Phone _____

2. I hereby designate _____
 _____ First Name Middle Name Last Name _____ Birthday _____
 _____ Relationship Mailing Address City State Zip _____ Phone _____

3. I hereby designate _____
 _____ First Name Middle Name Last Name _____ Birthday _____
 _____ Relationship Mailing Address City State Zip _____ Phone _____

as my contingent recipient(s) to receive the amount as set forth in the Oklahoma Firefighters Pension and Retirement System in the event of my death. Contingent recipients do not share in the amount due if any of the primary recipients are living at my death.

FORM MUST BE SIGNED AND NOTARIZED ON REVERSE SIDE

PRIMARY RECIPIENT: The *primary* recipient is the sole recipient if living at the time of the member's death.

CONTINGENT RECIPIENT: The contingent *recipient* is the recipient if all *primary* recipients are deceased.

MINOR RECIPIENT: In the event a minor child is designated as recipient, under the provisions of Oklahoma law it will be necessary that a guardian (if other than the natural parent) be appointed by the court before payments are made

REVOKING PREVIOUS DESIGNATION OF RECIPIENT: By this election, I hereby revoke all other and former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated recipient living at the time of my death, any amounts due me shall be paid as provided by the Oklahoma Firefighters Pension and Retirement System Law.

State of _____)

County of _____)

Member's Signature

Mailing Address

City State Zip

Phone Number

_____, first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn before me this _____ day of _____, _____.

My commission expires _____

Notary Public

Print Form

Form 11 Rev. 12/15