



## *EDGERTON - TRIMBLE FIRE PROTECTION DISTRICT CADET PROGRAM*

*500 Belt Avenue, P.O. Box 165  
Edgerton, Missouri 64444-9193*

To prospective Cadet Fire Fighters:

This letter is intended to let you know before you fill out an application for membership in the Edgerton – Trimble Fire Protection District as to what will be expected of you afterwards. We want to briefly outline the events that will take place leading up to your final acceptance as a fully fledged fire fighter.

- Newly appointed members having been offered by another member in good standing shall first submit an application to the department and be placed on candidate status at a regular fire fighters monthly meeting, as set forth in the departments SOGs.
- The candidate period shall be a 90 day period, during which prospective members shall be required to attend all meetings of the department, unless excused before the meeting by the chief, and shall be required to attend at least 50% of all training offered, both in house and outside the department.
- All firefighters must maintain a 66 2/3 % currency for all meetings and respond to all alarms that are toned out. An alarm is not considered closed until all equipment is cleaned, restocked, and all apparatus is ready to roll on the next run.
- To be eligible for membership in the department, the prospective firefighter shall submit proof of age (must be at least 14 years of age), and proof of residency within the district. Prospective firefighters shall not be rostered with another volunteer fire department while seeking membership, nor should they at anytime in the future seek membership with another volunteer department while rostered with ETFPD.
- Probationary training consists of self study, class room training (lecture and demonstrations), on the job training. The cadets will train and work alongside the full members of the department. The introductory “orientation” class must be attended by all before the chief can approve of the individual probie to respond to alarms on the trucks.
- Upon satisfactory completion of the 90 day probationary period and turning the age of 18 the firefighters will vote at the next regular monthly meeting whether or not to accept you as a full fledge firefighter and you will be evaluated at the end of one year.

We hope this letter has served to enlighten you regarding what will be expected of you, once you have turned in your completed application. This step is considered a sizable commitment by some people and you deserve to know these facts before making your decision. We welcome your application if you are ready to make this kind of commitment. In any event, we thank you for your time and consideration.

Rodney N. Deckman  
Chief  
Edgerton – Trimble Fire Protection District

# EDGERTON - TRIMBLE FIRE PROTECTION DISTRICT

Membership Application



| APPLICANT INFORMATION  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Last Name  |                              | First                       | M.I.      Date   |
| Street Address   |                              |                             | Apartment/Unit #   |
| City   |                              | State                       | ZIP  |
| How long have you lived at this address?   |                              |                             |  |
| Former Address   |                              |                             |  |
| Employer   |                              | Occupation                  |  |
| Business Address   |                              |                             | Phone  |
| Phone  |                              | E-mail Address              |  |
| Date Available   |                              | Social Security No.         | DOB  |
| Drivers license #  |                              | State Issued                | Date Expires   |
| Are you a citizen of the United States?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.?      YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever been convicted of a felony?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain  |
| Are there any ailments or disabilities which might tend to make you unfit to perform strenuous duty? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain  |

| EDUCATION   |    |   |        |
|-------------|----|---|--------|
| High School |    | Address   |        |
| From        | To | Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address   |        |
| From        | To | Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address   |        |
| From        | To | Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES  |                |
|---|----------------|
| <i>Please list three professional references.</i> |                |
| Full Name   | Relationship   |
| Company   | Phone (      ) |
| Address   |                |
| Full Name   | Relationship   |
| Company   | Phone (      ) |
| Address   |                |
| Full Name   | Relationship   |
| Company   | Phone (      ) |
| Address   |                |

**LIST ANY TRAINING, FORMER EDUCATION, ECT. WHICH YOU FEEL MIGHT TEND TO BETTER QUALIFY YOU AS A MEMBER OF THIS DEPARTMENT:**

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**LIST THE HOURS YOU ARE NORMALLY AVAILABLE FOR EMERGENCY CALLS**

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**NOTICE TO ALL APPLICANTS**

The Act of submitting this application for consideration does not in any way designate you as a member of this department. All applications will be thoroughly checked, and any false or misleading statements will immediately disqualify you from applying in the future for any position on this department. In signing this form, the applicant authorizes Edgerton- Trimble Fire Protection District Governing Board to conduct any investigation pertinent to the facts set out here- in and relieves the Edgerton- Trimble Fire Protection District Governing Board from any responsibilities thereof:

Signature:

Date:

Witness:

Date:

**DO NOT WRITE BELOW THIS LINE**

Date Received :

Accepted :

Investigated By :

Date :

Notes:

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