

AULT-PIERCE FIRE DEPARTMENT APPLICATION

PERSONAL INFORMATION

Name: (Last, Middle, First)	Date of Birth:
Address: (Street, City)	Social Security Number:
	Subdivision:
Home #:	Cell #:
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 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:	

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:

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 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 if needed)

MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?

Diabetes	Cardiovascular Problems (Heart Disease)
Emphysema	Cerebrovascular 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.
2. Must make a minimum of 20% of the call annually (or enough shifts)
3. Must complete task sheet and be checked off by an officer.
4. Must be able to demonstrate that you can operate apparatuses, radios and equipment.
5. Must be clean shaven (No Beards)
6. 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