

Fountaintown Community Vol. Fire Department

Volunteer Firefighter



Mission Statement

The mission of the Fountaintown Community Vol. Fire Department is to provide quality service and prevent harm to the community we serve.

Vision Statement

Through accountability to those we serve, we promote the future of the Fountaintown Community Vol. Fire Department.

Core Values

Teamwork
Honesty
Integrity
Respect
Professionalism

Volunteer Firefighter Requirements:

1. Must be a U.S. Citizen
2. Must be at least 18 years of age
3. Have a High School Diploma or a GED
4. Firefighter requirements: Must live within 2 Miles of the boarder of Brandywine Township in Hancock County or Van Buren & Hanover Township in Shelby County. No Prior certifications or training is required. *applicants over the 2 mile board can apply for a level 5 membership.
5. Must Hold a valid Driver's License
6. Must not have any prior felony conviction(s)
7. Must not have been Dishonorably Discharged from the Armed Forces.
8. Must obtain Firefighter I & II certification and Emergency Medical Technician certification within 3 years of hire.

***ANY APPLICATION THAT IS NOT COMPLETE WILL BE THROWN OUT
AND APPLICANT WILL NOT BE ALLOWED TO PROCEED ***

No portion of the application should be left blank.

APPLICANT INFO

NAME: _____

D.O.B: _____

ADDRESS: _____

EMAIL ADDRESS: _____

(Required for all applicants. You will be notified of the hiring process via email. If you do not have an E-Mail address a free one can be obtained at Hotmail.com, yahoo.com or gmail.com)

PHONE NUMBER: _____

HAVE YOU EVER FILLED AN APPLICATION WITH US BEFORE? YES / NO

IF YES, GIVE DATE: _____

HAVE YOU EVER BEEN A MEMEBR HERE BEFORE? YES / NO

IF YES, GIVE DATE: _____

HAVE YOU EVER BEEN CONVICTED OR CHARGED WITH A FELONY? YES / NO

IF YES, EXPLAIN ON AN ATTACHED PAGE.

Have you ever been or are you now a member of another fire department or emergency medical service? YES / NO

If Yes, Where: _____

Address: _____

When: _____ Position (s) Held: _____

Certifications

PSID: _____

Mandatory Firefighter	YES / NO
Firefighter I & II	YES / NO
AHA CPR	EXPIRATION: _____
EMERGENCY MEDICAL RESPONDER	EXPIRATION: _____
EMERGENCY MEDICAL TECHNICAION-BASIC	EXPIRATION: _____
EMERGENCY MEDICAL TECHNICATION-ADV	EXPIRATION: _____
EMERGENCY MEDICAL TECHNICATION-PARA	EXPIRATION: _____
OTHER: _____	

(COPIES OF ALL CERTIFICATION ARE TO BE ATTACHED TO APPLICATION)

Driver's License #: _____ - _____ - _____

State: _____ Expiration: _____ / _____ / 20_____

Have you ever had your license suspended/revoked? YES / NO

(ATTACHED COPY OF DRIVERS LICENSE & DRIVING RECORD FROM BMV)

Auto Insurance Company: _____

Agent: _____ Policy: _____

Address: _____ Phone (____) ____ - _____

Education

Name of School

Year Graduated: _____

High School: _____

Year Graduated: _____

College: _____

Years Attended: ____ - ____

Trade School: _____

Years Attended: ____ - ____

Graduate School: _____

Years Attended: ____ - ____

Describe any specialized training, apprenticeship, skill and extracurricular activities:

Employment Experience: (Past 3 Employers)

Company Name: _____
Address: _____
Supervisor Name: _____ Can we contact this employer? Y / N
Phone: (____) ____ - ____ Work Performed: _____
Reason for leaving? _____

Company Name: _____
Address: _____
Supervisor Name: _____ Can we contact this employer? Y / N
Phone: (____) ____ - ____ Work Performed: _____
Reason for leaving? _____

Company Name: _____
Address: _____
Supervisor Name: _____ Can we contact this employer? Y / N
Phone: (____) ____ - ____ Work Performed: _____
Reason for leaving? _____

Have you ever been terminated, fired or asked to leave a place of employment? Y / N
If yes, explain why in an attached page.

Military Status: Active / Retired / Reserve / NA
Branch: _____ Years Served: _____
Type of Discharge: _____

Is there any medical reason that might affect your ability to perform the tasks associated with the job of Firefighter? Yes / No

If yes, Please explain:

Professional References:

List Four (4) personal references that are not related to you.

Name: _____

Main Contact: (_____) _____ - _____

Name: _____

Main Contact: (_____) _____ - _____

Name: _____

Main Contact: (_____) _____ - _____

Name: _____

Main Contact: (_____) _____ - _____

Things Needed:

- Copy of Drivers License
- High School Diploma/GED
- Birth Certificate
- All Current Fire/EMS Certs
- DD214 for Veterans

All Items mentioned **MUST** be submitted and all sections complete with the information requested or N/A for the areas that do not apply to you. If not filled out properly with items requested, the application will be deemed incomplete and you will not be considered for employment.

