City of Neola

105 3rd Street
Neola, Iowa 51559
Telephone: (712) 485-2307 Fax: (712) 485-9511

Volunteer Fire and Rescue Department Application

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, religion, sex, national origin, ancestry, age, disability or any other basis protected by state or federal law.

Personal Information

Social Security Number _____ Date _____

Name _____ Previous Name(s) _____

Last First Middle

Address _____

Street City State ZIP

Phone: Cell (___) _____ Other: (___) _____

Are you 18 years or older? _____Yes _____ No

Are you a U.S. citizen or authorized to work in the U.S.? _____ Yes _____ No

Drivers license #_____ State_____

Have you ever been convicted of any crime, including misdemeanors and felonies? _____ Yes _____ No

If yes, please state the nature of the offense(s) and the date of the conviction(s).

_____

_____

NOTE: Answering "yes" to the above question does not constitute an automatic bar from employment. Factors such as the date of the conviction, seriousness and nature of the conviction, and position applied for will be considered.

Describe any special skills, accomplishments, training or experiences not described above which you feel are relevant to the fire service.

_____

_____

Have you ever been associated with an emergency service organization? If so, explain your involvement, i.e. shifts, types of calls, amount of training, etc._____

_____

Have you ever been discharged from a job? _____Yes _____No

If yes, please explain why: _____

_____

Have you had a complete physical exam within the last two year? _____Yes _____No

List any allergies:

_____

Date of last Tetanus Shot:

_____

Do you have any medical conditions that would prevent you from doing the physically demanding work of?

Firefighting. _____Yes _____No.

If yes, please explain why: _____

_____

Has your driver's license been suspended or revoked within the past five years? _____Yes _____No

If yes, please explain why: _____

_____

Do you have any felony convictions or DUI violations? _____Yes _____No

If yes, Date of violation: _____

May we call you to follow up on this application at home or work? _____Yes _____No

If yes, what is the best time to call and at what number? _____

What would be the usual time period you would be available to respond to emergencies:

- ***List Available weekdays and time periods:***
- ***Sun*** _____
- ***Mon*** _____
- ***Tue*** _____
- ***Wed*** _____
- ***Thu*** _____
- ***Fri*** _____
- ***Sat*** _____

Do you have any relatives currently on the city of Neola Fire Dept.? _____Yes _____No

Are you employed now? _____ Yes_____ No Where_____

In case of an emergency, Notify_____Relationship_____

Phone: _____

_____ _____

Applicant Signature Date

Print Name:_____