

Volunteer Fire Department Member Application

The position(s) you are applying for: (check)

Firefighter

Emergency Medical Services

Last Name

First Name

Middle Name

Address

City

Zip Code

Home Phone

Work Phone

1. Are you legally authorized to work in the U.S.? YES NO
2. Are you 18 years of age: YES NO
3. Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering?
 YES NO (Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position).

If you answered yes, please explain:

4. Do you have any commitments or responsibilities that might prevent you from meeting job requirements? YES NO

If you answered yes, please explain:

5. Do you have any relatives on the Fire Department? YES NO If yes, who? _____
6. Have you previously applied for this position? YES NO If yes, when did you apply? _____

Education and Training

1. High School: _____ Did you graduate? YES NO

2. College/Trade School: _____ Subject Major: _____
Did you earn your degree? YES NO

3. Please list any skills which you feel relate to this position:

4. Have you received Firefighter/E.M.S. training in the past? YES NO

Type of Firefighter/E.M.S. training: _____ Date: _____

5. Have you received first aid training in the past? YES NO

Type of first aid training: _____ Date last certified: _____

Driving Record Check

1. Do you agree to a driver's license record check? YES NO
- a. Driver's license number: _____ State of issuance: _____ Social Security #: _____
- b. Do you have truck driving experience? YES NO Type of vehicle: _____
- c. Driver's license class-A, B, C: _____
- d. Endorsements: _____
-

Availability and Employment History

1. What hours are you available to respond to emergency calls? _____
- Approximate minutes from home to Fire Station #3? _____
- Approximate minutes from work to Fire Station #3? _____
2. Can you be available for the following meetings and training sessions?
- First Monday of the month training, 7:00 - 9:00 p.m. YES NO
3. Third Monday of the month Business Meetings, 7:00 - 9:00 p.m. YES NO
4. Are you current in your fire certification? YES NO If so? Date: _____
5. Are you current in your EMT certification? YES NO If so? Date _____
6. Present Employer: _____ Supervisor's Name: _____
- Address: _____ Phone: _____
- Job Title: _____ Date Employed: _____
- Total Years Employed: _____ Working hours: _____
- Specific Duties: _____
- Does business take you out of town? YES NO If yes, please explain normally what hours are you out of town?
- _____
- May we contact your employer? YES NO
7. Please list your Military Service if applicable:
- Branch of Service: _____
- Reserve Status: _____
- Attendance requirements if in the Reserve or Guard: _____
8. Any mechanical, electrical or other specialized work experience? YES NO
- If so, please explain: _____
9. References-please list three references that are not related to you.
1. Name: _____ Address: _____
- Phone: _____
2. Name: _____ Address: _____
- Phone: _____
3. Name: _____ Address: _____
- Phone: _____

Volunteer Fire Department Acknowledged Requirements

I acknowledge and understand that application to become a firefighter with the VandenBroek/Kaukauna Fire/EMS Department requires the following commitment:

Selected applicants will be subject to a 6-month probationary period upon completion State Certified Firefighter One classes . The following must be completed or accomplished during the 12-month probationary period:

1. Attend monthly meetings (First and Third Monday of each month)
2. Attend functions of Fire Department.

There will be additional training required after becoming an active member of the Fire Department. Firefighters will be required to:

1. Attend training as prescribed in the Fire Department Bylaws and Standard Operating Procedures.
2. Being a firefighter is an emotionally challenging job and provides you with self-respect and 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.

Date: _____ Signature of Applicant: _____

