

Application for Membership: Firefighter

The Rock Valley Fire Department (RVFD) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prevent performance of essential job functions. Rock Valley Fire Department (RVFD) policy requires that all Fire Fighters be legal residents of the United States and reside within Rock Valley Fire Department’s jurisdiction. To be considered for membership, applicants must be at least 18 years of age, have a valid Driver’s License, and be of good moral character. Persons who are substance abusers, who have been convicted of a felony, or who are members of another fire department are not eligible to apply.

Application Date: _____

I. Personal Information / Demographics

Name: _____
First Middle Last

Social Security No: _____ Date of Birth (mm/dd/yyyy): _____

Driver’s License No: _____ State of License: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

1. Have you ever been convicted of a traffic violation? Yes No

If yes, please explain: _____

2. Have you ever been convicted of a misdemeanor other than traffic violations? Yes No

If yes, please explain: _____

3. Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

4. Has any jurisdiction suspended, revoked, or limited a license to you? Yes No

If yes, include jurisdiction, date, location, reason(s), and current status: _____

5. Have you ever served in the Armed Forces of the United States? Yes No

If yes: Currently Serve Honorable Discharge Dishonorable Discharge

Branch of Service: _____ Dates Served: _____

6. Do you speak a foreign language? No Yes (please list): _____

7. Is there any reason, condition, and/or concern the department should be made aware of that you anticipate may impact the department’s decision to accept your application? Yes No

If yes, please explain: _____

II. Education History

High School: _____ Did you graduate? Yes No

College, University, or Tech School: _____

Did you earn a degree? Yes No Degree/Subject Major: _____

Other: _____

III. Employment History (include your most recent/last three employers)

1. Current/Most Recent Employer: _____ Position: _____

Address: _____ Dates Employed: _____

Do you currently work: Days Nights Other: _____

Manager / Supervisor: _____ Phone: _____

Reason for Leaving: _____

2. Employer: _____ Position: _____

Address: _____ Dates Employed: _____

Manager / Supervisor: _____ Phone: _____

Reason for Leaving: _____

3. Employer: _____ Position: _____

Address: _____ Dates Employed: _____

Manager / Supervisor: _____ Phone: _____

Reason for Leaving: _____

NOTE: Federal law prohibits the employment of unauthorized aliens. In order to be accepted to membership you must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) at the membership interview. Failure to submit such proof will lead to nonconsideration. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for exclusion:

Employer: _____ Reason: _____

Employer: _____ Reason: _____

Employer: _____ Reason: _____

IV. Department Questionnaire

1. Why are you interested in firefighting? _____

2. Do you have any previous firefighting experience? Yes No
 If yes, where: _____ Dates: _____
 Contact: _____ Chief Captain/Officer Other
 Phone: _____ Email Address: _____
3. What specific skills or traits will you bring to the department (mechanical, construction, computer, teaching, etc.) and how will they benefit our team? _____

4. What volunteer commitments, if any, have you successfully sustained in the past (church, community, etc.)? _____

5. Will there be any time(s) of the year when you will be unavailable to respond to calls for a significant period of time (greater than a week)? _____
6. Are there any other life-factors that may prevent you from responding to calls on a regular basis (aside from periodically being out of town for a few days)? Yes No
 Examples may include: primary care of children or elderly, inability to leave work, regular out-of-town commitments on a daily, weekly, or monthly basis. If yes, please explain: _____
7. Are you aware of any pending life changes that you anticipate will cause you to move out of town in the next two to five years? No Yes (explain): _____
8. Have you received permission from your current employer to leave work for calls? Yes No
9. Are you aware of any physical, psychological, or other limitations or restrictions that may prevent you from performing essential duties and functions related to firefighting? Yes No
 If yes, please explain: _____
10. Have you ever experienced: claustrophobia acrophobia hemophobia N/A
11. Are you available to begin responding to calls and events as soon as you are appointed and have completed the necessary pre-employment and orientation requirements? Yes No
 If no, please explain: _____
12. Are you willing to attend monthly training and business meetings, as well as obtain required certifications/trainings? Yes No (explain): _____
13. Emergencies require prompt response times. Are you able to arrive to the station within 3-4 minutes of receiving the initial page? Yes No (explain): _____

V. References (Please do not include relatives or employers already listed)

1. Name: _____ Phone: _____

Address: _____ Years Known: _____

Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Years Known: _____

Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Years Known: _____

Relationship: _____

VI. Applicant Acknowledgement

I understand that if I am elected to the Rock Valley Fire Department (RVFD), I will undergo a one-year probationary period during which my role at emergency calls/scenes will be limited. During this period I will be expected to participate in regularly-scheduled training and to attend other department functions. My progress will be evaluated at the end of the one year period before a vote is taken to admit me to full membership.

I understand that if I am not currently a certified firefighter or I do not meet current state or department certification requirements, I will be required to become certified and/or complete such courses as soon as possible upon becoming a member of the Rock Valley Fire Department (RVFD). Fees for training and certification may be charged to me under certain circumstances if courses and/or certification are not completed.

I understand that unless I am otherwise detained by family, church, or work responsibilities, I will be expected to respond to calls at any time of day or night, any day of the week, including weekends and holidays.

I do hereby make application for membership to the Rock Valley Fire Department (RVFD) and if approved/elected, do solemnly pledge myself to obey all lawful orders of my superiors, to be amiable to discipline, and to hold myself bound in order to conform and abide by, in every respect the by-laws and code, SOG's, and general orders of the Rock Valley Fire department (RVFD) in order to protect the lives and property of Rock Valley and surrounding communities or jurisdictions I may be called upon.

I hereby certify that all statements in this application are true. I understand that any untrue statements may cause this application to be rejected and/or any appointment to a position rescinded. I hereby authorize the Administration and the Membership Committee of the Rock Valley Fire Department (RVFD) to contact any of the employers/references listed above and release the Rock Valley Fire Department (RVFD) and all individuals connected therewith from all liability for damages incurred in furnishing such information. I also understand that I may withhold my permission and that in such a case, no investigation or contact with the said individuals or employers will be done, and my application for employment/membership will not be processed further. My signature below indicates my assent to these statements. Any photocopy of this application and release bearing my signature shall be considered as valid as the original.

Signature

Date

Print Name

VII. Authorization for Release of Personal Information and Records

As part of the process for evaluating potential volunteer members, I understand the Rock Valley Fire Department (RVFD) conducts background checks on all applicants. This is done to ensure that new members are persons in good standing and have no civil or criminal legal actions pending. I also understand that new members must pass a mandatory physical/medical exam and drug/alcohol screen.

My signature below indicates my assent to the release of any personal or identifying information contained herein this application and a check of my state and local records. This may include, but is not limited to, school records, employment records, medical records, military records, motor vehicle, police and/or court records. I also release the Rock Valley Fire Department (RVFD) and all individuals connected therewith from all liability for damages incurred in furnishing such information and do hereby absolve anyone of any responsibility in giving my records to an authorized administrator or officer of the Rock Valley Fire Department (RVFD).

I understand that the Rock Valley Fire Department (RVFD) will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company’s choice. I hereby give permission to the Rock Valley Fire Department (RVFD) and any authorized agents to obtain any such records from this date forward as long as I am a member of the department or any other fire departments or fire associations located in Rock Valley. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment/membership will not be processed further.

My signature below indicates my assent to these statements. Any photocopy of this application and release bearing my signature shall be considered as valid as the original.

Signature

Date

Print Name

Date of Birth (mm/dd/yyyy)