

APPLICATION FOR VOLUNTARY FIREFIGHTER

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: Home () _____ Work: () _____

Cell: _____ Pager: _____

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? _____

Do you have any relatives currently on the city of Shelby Voluntary Fire Dept.? _____ Yes _____ No

In case of an emergency, Notify _____ Relationship _____

Phone: _____

Applicant Signature

Date

Print Name: _____

Do not write below this line

Interviewed? _____ Yes _____ No Interviewer _____ Date Interviewed ___/___/___

Start Date: ___/___/___

Approved: 1) _____ 2) _____

- I-9 requirements communicated: Yes / No
- Background Releases (2 pages) completed: Yes / No
 - Can you perform the essential functions of the job(s) for which you are applying, as you understand them, with or without reasonable accommodation? _____

 - Have you served on the City of Shelby Voluntary Fire Department? _____ Yes _____ No
 - If yes, when _____
 - Have you filed an application with the City of Shelby Iowa before? _____ Yes _____ No _____ When? _____
- Are you employed now? _____ Yes _____ No
- **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* _____

REQUIRED DOCUMENTATION & APPLICATION CHECKOFF SHEET

YOU MUST FURNISH A PHOTOCOPY OF YOUR CURRENT AND VALID DRIVER'S LICENSE.

Required Licenses Attached: _____

Authorization & Release to Obtain Information Attached: _____

The application check off sheet is a guide to verify all required information, documents and procedures are complete. Unless otherwise directed or not applicable, all information and documentation is required.

1. Verify the Application Packet contains all forms and sheets.
2. Make sure to carefully read the Hiring Process information/instructions and Qualification sheet
3. Complete the firefighter application. Sign where indicated
4. Complete & Sign the Authorization and Release to Obtain Information Sheet
5. Complete, sign and date the City of Shelby Equal Opportunity Questionnaire

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____, authorize the City of Shelby Iowa Voluntary Fire Department to conduct a personal background investigation in connection with my application for firefighter.

This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records. Department of Motor Vehicle Records, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources. Additionally, this information may include results of background investigations and psychological evaluations as well as information related to substance abuse.

I authorize the release of any information the Shelby Fire Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for voluntary fire fighter.

I fully understand that all information gained from such investigation is confidential and will be released only to authorized persons in the process for voluntary firefighter.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions or falsification in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should any investigation disclose any willful misrepresentation, omissions or falsifications, my application may be rejected.

_____ Date _____

Witness: _____