



# City of Newfolden

**FIRE DEPARTMENT**

**APPLICATION PACKET**

September 21, 2006

# VOLUNTEER FIRE DEPARTMENT EMPLOYMENT APPLICATION

The position you are applying for is a Fire Fighter

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical or health limitations that could interfere with your performance on the job for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

*(NOTE: employment is contingent on applicant meeting minimum physical/mental demands of the position)*

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any commitments or responsibilities that might prevent you from meeting requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives on the Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who? \_\_\_\_\_

Have you previously applied for this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when: \_\_\_\_\_

**EDUCATION AND TRAINING**

High School \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
# yrs attended

College: \_\_\_\_\_ Trade School: \_\_\_\_\_  
# yrs attended # yrs attended

List any skills which you feel relate to this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of firefighter training: \_\_\_\_\_

Do you have medical training? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe extent of medical training: \_\_\_\_\_

CPR Certified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Certification Expires: \_\_\_\_\_

Have you ever been convicted as an adult of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

*(NOTE: The existence of a criminal record will not automatically disqualify you from employment with the City, though certain types of criminal convictions may prohibit you from working in certain positions.)*

If yes, date and place \_\_\_\_\_

Nature of offense \_\_\_\_\_

Disposition \_\_\_\_\_

Agree to a criminal record check: Yes \_\_\_\_\_ No \_\_\_\_\_

*(NOTE: Past convictions are not an absolute bar to employment)*

Driver's license class: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Endorsements: \_\_\_\_\_

Truck driving experience? \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Vehicle: \_\_\_\_\_

\_\_\_\_\_

Distance from home to Fire Station: \_\_\_\_\_

Distance from work to Fire Station: \_\_\_\_\_

Can you be available for meetings and training sessions?

Second Monday - 7:00 - 9:30      \_\_\_\_\_ Yes \_\_\_\_\_ No

Fourth Monday - 7:00 - 8:00      \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you attend a 80 (+/-) hour Firefighter I training program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you attend a 40 (+/-) hour First Responder course? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any mechanical, electrical or other specialized work experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment History:

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Does your business take you out of town: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### **MILITARY SERVICE**

Branch of Service: \_\_\_\_\_

Reserves Status: \_\_\_\_\_

Attendance requirements if in Reserves or Guards: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List two references that are not related to you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# VOLUNTEER FIRE DEPARTMENT ACKNOWLEDGEMENT OF REQUIREMENTS

I acknowledge and understand that application to become a firefighter with the Newfolden Volunteer Fire Department requires the following commitment:

- Pass physical examination
- Pass physical work performance test

Selected applicants will be subject to a one-year probationary period with review after each six (6) months.

The following must be completed or accomplished during the next 24-months:

- Attend monthly meetings (fourth Monday of each month)
- Attend monthly drills (second Monday of each month)
- Complete 80+ hours of Firefighter I Vocational Training (tuition paid by Fire Dept)
- Must be clean shaven (no beards)
- Respond to fires and report to Officer in charge
- Attend functions of the Fire Department

There will be additional training required after the probationary period. Firefighters will be required to:

- Complete First Responder training (40 (+/-) hours)
- Attend Regional and Sectional Schools
- Attend training as prescribed in the Fire Department Bylaws and Standard Operating Procedures

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the Employer of \_\_\_\_\_

\_\_\_\_\_ agree to release said individual during work hours to respond to emergency calls with the Newfolden Fire Department.

List any restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

# **VOLUNTEER FIRE DEPARTMENT BENEFITS**

Community Respect

Self Respect

Opportunity to serve the local community and area residents

Association and friendship with fellow firefighters

Leadership Opportunities

Payment from the City for fighting fires

Training and schooling paid by the City

Workers compensation insurance while on duty as a firefighter

Membership to the Fire Department Relief Association

Retirement benefits from the Fire Department Relief Association after 10 years of service

# City of Newfolden

## AUTHORIZATION FORM TO CONDUCT CRIMINAL HISTORY BACKGROUND CHECK, AND VERIFICATION OF DRIVING RECORD AND STATUS

All employment applicants and volunteers are required to sign a Criminal History Background Check Authorization Form as part of the application process of the City of Newfolden. This is in accordance with the City of Newfolden's Hiring/Employment Policy.

"I, the undersigned, hereby authorize the City of Newfolden to conduct a Criminal History Background Check as part of my employment or volunteer application process. In addition I authorize the City to conduct a check of my driving record and status. I hereby release and agree to hold harmless the City of Newfolden, its employees and volunteers."

Applicant/volunteer: please sign, date and complete all information requested below. (Use black or blue ink.)

**NOTE: ALL AREAS MUST BE COMPLETED OR THE BACKGROUND CHECK WILL BE REJECTED AS INCOMPLETE.**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Sex (please circle): Male Female

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### FOR OFFICIAL USE ONLY:

Date of Request: \_\_\_\_\_ City Administrator: \_\_\_\_\_

To: Marshall County Sheriff's Department  
From: City of Newfolden

**Please conduct a Criminal History Background Check and driving record/status check on this applicant or volunteer. Contact the City Administrator's Office with the results.**

Date completed: \_\_\_\_\_ By: \_\_\_\_\_