

Dunkerton Fire Department



Application for Volunteer Services

IMPORTANT INSTRUCTIONS

This volunteer application packet is not an offer or contract for employment services. The completion of this application packet or any other instrument does not stand as an agreement or promise to utilize you as a volunteer. Any statement to the contrary by an employee or member not in writing is void. The information in this application packet will be used to determine suitability and qualifications of the applicant for volunteer purposes. Any printed material in this application packet is subject to revision without notice.

- Please print all information clearly and in your own handwriting. Completion of the application by computer is permitted, however it must be printed so that signatures can be obtained.
- Complete the entire packet answering all questions, explaining where necessary.
- All responses must be truthful and complete.
- Application will be held for (6) months.

VOLUNTEER FIRE DEPARTMENT
MEMBER APPLICATION

Date of Application: _____

Personal Information:

Last	First	MI
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Address	City	State	Zip
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Home Phone: _____ Cell Phone: _____

E-Mail: _____

Are you 18 years of age or older? Yes No

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

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? Yes No

If you answered yes, please explain:

Do you have any relatives on the Fire Department? Yes No

If yes, who? _____

Have you received Firefighter YES No

Type of Firefighter: _____ Date: _____

Have you received first aid training in the past? Yes No

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

DRIVING RECORD CHECK:

Do you agree to a driver's license record check? Yes No

Driver's license number: _____ State of issuance: _____

Social Security #: _____

Do you have truck driving experience? Yes No Type of vehicle: _____

Driver's license class – A, B, C: _____

Endorsements: _____

AVAILABILITY AND EMPLOYMENT HISTORY:

Approximate minutes from your home to the fire station? _____

What hours are you available to respond to emergency calls? _____

Can you be available for the following meetings and training sessions?

Second Tuesday of the month at 6:30pm (Business) Yes No

Third Wednesday of the month at 6:30pm (Training) Yes No

Are you current in your fire certification? Yes No If so, date: _____

Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Job Title: _____ Date Employed: _____

Specific Duties: _____

May we contact your present employer for a reference? Yes No

Please list your Military Service if applicable:

Branch of Service: _____

Reserve Status: _____

Attendance requirements if in the Reserve or Guard: _____

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

If so, please explain: _____

REFERENCES:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY,STATE, ZIP _____	CITY,STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____ (No Relatives)	RELATIONSHIP _____ (No Relatives)

EMERGENCY CONTACT _____

PHONE NUMBER _____

APPLICANT'S STATEMENT

All offers of employment will be conditional and subject to the passing of physical and applicant driving record must be acceptable by the city's insurance carrier.

I certify that information given in this application is, to the best of my knowledge, true and complete. I hereby authorize such complete background investigation, including but not limited to all statements contained in the application for employment, as may be necessary in arriving at an employment decision. If I am employed by the City of Dunkerton based on this application. I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

