

Fire Dept. Application - Volunteer

Instructions

1. Read each item carefully.
2. This form must be typed or printed neatly in blue or black ink except where indicated.
3. All items must be completed and necessary documentation included.
4. If additional space is needed, use the supplemental page at the end of the form, referencing each time.
The completed form must be returned to:

New Waverly Fire Dept.
c/o VFDA
8719 Logansport Rd
Peru, IN 46970

Policy regarding the applicant information summary

Failure to accurately and truthfully complete this form will result in the rejection of the application.

This information is being collected to assist the department in conducting a thorough background investigation and felony conviction check.

- B. List chronologically (most current first) all of your residences in the past five years. Include addresses while attending school if away from home and ALL military addresses; including off base locations, also, towns or cities that are located in the immediate vicinity of military complexes. If apartment, include name and location of complex. If additional space needed, use supplemental pages at the end of application.

Date From/To	Number/Street	City	State/Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Education:

List all schools attended at the high school level and above. Include copies of all transcripts and diploma(s)/ degree(s).

	Years attended		Address	# of Hours Earned	Degree Diploma
	From	To			
High Schools	_____	_____	_____	_____	_____
Colleges/ Universities	_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____	_____
Other Fire/ EMS	_____	_____	_____	_____	_____
Certification or License Numbers	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

V. Employment record:

List chronologically (most current first), all former and current employers, including full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all telephone numbers and addresses are correct including extension numbers, city, state, and zip codes.

1. Employment dates: From ____/____/____ To ____/____/____

Current employment _____

Address _____ Zip code _____

Phone number and extension _____

Position held _____

Name of supervisor _____

Final salary _____ Reason for leaving _____

Are you currently with another fire department?

_____ Paid _____ Volunteer

If associated, please list: name, address, phone number, current chief's name

VII. Driver's record:

A. List all vehicle operator's license(s) you now hold or have held:

Type (drivers' / Chauffeur's)	State of Issuance	License Number	Expiration Date	Restrictions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive a citation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. List all traffic citations you have received in the past three years:

Date	Location	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Has your driver's license ever been suspended or revoked?

Yes _____ No _____ If yes, explain: _____

E. Include a copy of your driver's license.

VIII. Arrest/felony conviction record:

A. Have you ever been arrested, detained or summoned to appear in court by any law enforcement agency?*

Yes _____ No _____

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B Have you ever been convicted of a felony? Yes _____ No _____

***No applicant will automatically be rejected.**

IX. References:

List three current references (other than relatives):

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone number: day _____ night _____

Occupation _____ Length of time known _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone number: day _____ night _____

Occupation _____ Length of time known _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone number: day _____ night _____

Occupation _____ Length of time known _____

X. Supplemental page: Is there any information not mentioned in this report that may reflect upon Your ability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain.

Signature

Read the following statement carefully. If you have any questions, ask the interviewer before signing the form.

I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the Applicant Screening Process.

Signature of applicant

Date

Printed name of applicant

Applicant waiver to release information

I, _____, an applicant to a position with the New Waverly Fire Department agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history information.

Criminal History Driving Records Employment Records

And hereby authorize and request all persons to whom this request (copy or original) is presented, having information relating to or concerning me, to furnish any duly appointed officer or individual of the New Waverly Fire department with such.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law privileges and understands that such released information shall be treated in a strictly confidential manner. Therefore, expressly waive all privileges which, may attach to such disclosure and shall hold no individual, organization(s), or corporation(s) liable for legal actions for disclosing any of the above information to the New Waverly Fire Department

Further, I understand that misrepresentation or falsification of the information on this or any other of the documents which are part of the application process, or failure to assist and cooperate with this department in obtaining the above requested information will be considered cause for disqualification from consideration for appointment, or if not found until after appointment, or if not found until after appointment with the department, will be considered grounds for termination

Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for on this or any other of the documents which are part of the application process is cause for disqualification for considered for appointment or if found after appointment will be considered ground for termination.

Further, I understand that I must provide the department with photocopies of the following:

- 1. Valid driver’s license.**
- 2. Certification of EMS and Fire Training/ Schools as appropriate.**

Dated this _____ day of _____, 20_____.

Applicant’s Printed name

Applicant’s Signature

Applicant checklist

Please use the following list as a guide in completing your application. Use copies only not originals.

- Driver's license (copy only)
- Full names and addresses of family members; Mother, Father, Step-parents, Foster-parents, Guardians, Spouse, Children.
- Addresses and dates pertaining to all prior residences in the last five years.
- Information pertaining to all present employers, dates, names, addresses and phone numbers of the company
- Type, expiration date, number and restrictions relating to drivers license
- Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations
- The date, place, charge and the description of any arrest(adult/ juvenile), local/ non-local
- Information relating to three personal references (name, address, telephone number during the day, occupation, length of time known and zip codes). References shall not include relatives
- Any fire/ EMS certifications