

DILLSBORO, IN 47018

APPLICATION FOR MEMBERSHIP

A. APPLICANT IDENTIFICATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

RESIDENT OF CLAY TOWNSHIP: YES NO If yes how long: _____

TELEPHONE NUMBERS: _____ / _____ / _____
(HOME) (CELLPHONE) (PAGER)

E-MAIL ADDRESS: _____

NICKNAME(S) / KNOWN BY: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ / _____ / _____
(MONTH) (DAY) (YEAR)

PLACE OF BIRTH: _____
(CITY) (STATE)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE #: _____ STATE: _____ EXP. DATE: _____

B. REFERENCES – List all addresses where you have lived during the past 2 years, beginning with present address. List date by month and year. Attach extra pages if necessary.

FROM	TO	ADDRESS

C. WORK HISTORY – Beginning with your present or most recent job, list all employment held for the past 2 years, including part-time, temporary or seasonal employment. Include periods of unemployment. Attach extra pages if necessary.

FULL TIME PART TIME PER-DEIM AVG HOURS PER WEEK _____
 FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 PHONE NUMBER _____ JOB TITLE _____
 DUTIES _____
 SUPERVISOR _____ NAME OF CO-WORKER _____
 REASON FOR LEAVING _____
 MAY WE CONTACT YOUR PRESENT / PAST EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? Yes No

FULL TIME PART TIME PER-DEIM AVG HOURS PER WEEK _____
 FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 PHONE NUMBER _____ JOB TITLE _____
 DUTIES _____
 SUPERVISOR _____ NAME OF CO-WORKER _____
 REASON FOR LEAVING _____
 MAY WE CONTACT YOUR PRESENT / PAST EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? Yes No

FULL TIME PART TIME PER-DEIM AVG HOURS PER WEEK _____
FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT / PAST EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? Yes No

FULL TIME PART TIME PER-DEIM AVG HOURS PER WEEK _____
FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT / PAST EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? Yes No

FULL TIME PART TIME PER-DEIM AVG HOURS PER WEEK _____
FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT / PAST EMPLOYER REGARDING YOUR EMPLOYMENT RECORD? Yes No

D. EDUCATIONAL HISTORY

HIGH SCHOOL

ATTENDED	CITY-STATE	DATES ATTENDED		GRADUATED	
		FROM	TO	YES	NO

COLLEGE OR UNIVERSITY

ATTENDED	CITY-STATE	DATES ATTENDED		DEGREE	
		FROM	TO	YES	NO

E. TRAINING COURSES

FIREFIGHTING CERTIFICATIONS

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

DO YOU HAVE ANY OF THE FOLLOWING TRAINING?

- FF 1 DATE: _____ FF 2 DATE: _____
- PUMPS 1 DATE: _____ PUMPS 2 DATE: _____
- EVOC/AVOC DATE: _____ CPR DATE: _____
- HAZARDOUS MATERIALS LEVEL: ○ AWARENESS ○ OPERATIONS ○ TECHNICIAN
- OTHER CERTIFIED COURSES: _____

HISTORY

ALL APPLICANTS

Medical History

HAVE YOU COMPLETED ANY OF THE FOLLOWING? (ATTACH CURRENT DOCUMENTATION)

- TB test Date: _____ HBV test Date(s): _____
 HAV test Date(s): _____

Comments:

Personal History

Have you had any driving violations in the last 5 years including any accidents? yes no
If yes, please list:

Has your license ever been suspended or revoked? yes no If yes, please explain:

Have you ever been arrested for or convicted of a crime (other than a routine traffic ticket)? yes no
If yes, please explain:

Have you had any arrests or adjudications for arson or arson related activities?
 yes no If yes, please explain:

Have you had pled nolo contendere (“no contest”) to a criminal charge?

yes no If yes, please explain:

Have you ever been terminated from employment? yes no If yes, please explain:

Have you ever been removed or asked to resign as a member/officer/director of any organization?

yes no If yes, please explain:

Do you have any physical or emotional disabilities that may require accommodation under ADA, i.e. lifting or moving patients, wearing a respirator working in confined spaces or extreme temperatures?

yes no If yes, please explain:

APPLICANT DECLARATION

I, _____, understand that if I am accepted for membership in the Dillsboro Volunteer Fire Department, I am subject to all the risks and hazards relative the fire and rescue service. I understand that I will be expected to give freely of my time and attend alarms, meetings, drills, etc. I agree to abide by and obey all rules and regulations of the Department. I also understand that I must comply with all directions, orders, and commands of the Chief and Officers of the Dillsboro Volunteer Fire Department. Any and all equipment issued to me while a member of the department, I accept responsibility for, and agree to surrender at the request of the Chief or upon termination of my service to the Dillsboro Volunteer Fire Department.

I understand that all appointments to the Dillsboro Volunteer Fire Department are probationary for a minimum of 12 months and that any appointment tendered will be contingent upon my character and history investigation. I am aware that willfully withholding information or making false statements on this application will be a basis for dismissal from the Dillsboro Volunteer Fire Department. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

NAME OF APPLICANT:: _____ DATE: _____
(Please print)

SIGNATURE OF APPLICANT: _____ DATE: _____

Office Use Only

DATE OF APPLICATION: _____

DATE RECEIVED: _____ RECEIVED BY: _____

DATE PROCESSED: _____ PROCESSED BY: _____

Background Check complete? YES NO Date: _____

Physical Complete? YES NO Date: _____

Approved by Membership? Yes NO Date: _____

Chief Date
Approved by Town Council? YES No

Secretary/Treasurer Date

Council Member Date

Clerk-Treasurer Date

Authorization for Release of Information

I, _____, have made application for membership with the Dillsboro Volunteer Fire Department, and it is my understanding that a criminal background check will be conducted in connection with my application. I understand that any history, which adversely reflects on my credentials for membership, may be cause for disqualification from further consideration.

I hereby give the Dillsboro Volunteer Fire Department and its agents, the authority to conduct a criminal background check including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employer, law enforcement agencies, and other local, state and federal agencies. This *Authorization of release of Information form* is solely for the purpose of conducting an applicant background investigation for the membership process of the Dillsboro Volunteer Fire Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information form*. I consider a copy of the *Authorization for Release of Information form* to be as valid as the original, even though a copy does not have my original signature.

I hereby release the Dillsboro Volunteer Fire Department and its agents and anyone who gives written or oral information about me to the Dillsboro Volunteer Fire Department from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

Social Security Number

Drivers License Number

Date of Birth

Applicants Signature

Date

Witness Signature

Date