

Volunteer Fire Department Member Application

Firefighter

The position(s) you are applying for: (circle)

Emergency First Responder

| Last Name First Name | | | | Middle Name |
|--|-------------------------------------|-----------------------------|-------------------|---|
| Address | | | | |
| City | Zip Code | | | |
| Home Phone | Work Phone | | | Cell Phone |
| 1. Are you legally authorized to work in the U.S.? | YES | NO | | |
| 2. Are you 18 years of age: | YES | NO | | |
| 3. Do you agree to a background check? | YES | NO | | |
| 4. Do you have any physical or health limitations of If you answered yes, please explain: | | · | • | ormance? YES NO |
| | | | | |
| Do you have any commitments or responsibiliti If you answered yes, please explain: | es that might pre | vent you | from me | eeting job requirements? YES NO |
| | | vent you YES | from me | eeting job requirements? YES NO If yes, who? |
| If you answered yes, please explain: | | | | |
| If you answered yes, please explain: 6. Do you have any relatives on the Fire Department. 7. Have you previously applied for this position? | | YES YES | NO NO | If yes, who? |
| If you answered yes, please explain: 6. Do you have any relatives on the Fire Department. 7. Have you previously applied for this position? Ed | ent? lucation and | YES YES | NO NO | If yes, who? |
| If you answered yes, please explain: 6. Do you have any relatives on the Fire Department. 7. Have you previously applied for this position? | ent? lucation and d you graduate? | YES YES d Trai | NO NO ining | If yes, who? If yes, when? NO |
| If you answered yes, please explain: 6. Do you have any relatives on the Fire Departme 7. Have you previously applied for this position? Ed 1. High School Di | ent? lucation and id you graduate? | YES YES d Trai | NO NO ining | If yes, who? If yes, when? NO |

Driving Record Check

| 1. | Do you agree to a driver's license record check? | YES | NO | | | | |
|---|---|----------------------------------|----------------|--------------------|-----|----|--|
| | Driver's license number: | State: | | Social Security #: | | | |
| | Do you have truck driving experience? | YES | NO | Type of vehicle: | | | |
| | | | | | | | |
| | Availability ar | nd Emr | olovm | ent History | | | |
| | · | • | . • | · | | | |
| 1. | What hours are you available to respond to emergency calls? | | | | | | |
| 2. Can you be available for the following meeting and training sessions on Wednesdays from 6:00pm – 8:00pm? | | | | | | NO | |
| 3. | What Fire/EMS certifications do you currently have? | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | If none, can you attend the 96-hour Entry Level/Firefighter 1 | Class held | at MST | C ? | YES | NO | |
| | If not, please explain: | | | | | | |
| | • | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. | Present Employer: | | Superv | isor's Name: | | | |
| | Address: | | | | | | |
| | Job Title: | | Date Employed: | | | | |
| | Total Years Employed: | Years Employed: Working Hours: | | | | | |
| | Specific Duties: | | | | | | |
| | May we contact your employer? YES NO | | | | | | |
| 6. | Any mechanical, electrical or other specialized work experien | | YES | NO | | | |
| 7 | If so, please explain: | | | | | | |
| 1. | References-please list three references that are not related to | - | A diduca | | | | |
| | 1. Name: | | Addres | s: | | | |
| | Phone: | | | | | | |
| | 2. Name: | | Addres | s: | | | |
| | Phone: | | | | | | |
| | | | Addres | · · | | | |
| | | | Addres | s: | | | |
| | Phone: | | | | | | |

Volunteer Fire Department Acknowledged Requirements

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

- 1. Refer to Department by-laws and standard operating guidelines.
- 2. Any person upon acceptance to the Port Edwards Fire Department will adhere to all State and Federal laws or standards deemed necessary by the department.
- 3. A health physical will be required upon acceptance from such physicians the Village board may designate. The expense of the exam will be paid for by the Village.

Selected applicants will be subject to a 12-month probationary period with review after completion of the 96-hour Entry Level/Firefighter 1 Class. The following must be completed or accomplished during the 12-month probationary period:

- 1. Attend monthly committee/business meetings (First Wednesdays of each month)-Training drills with the Fire Department.
- 2. Attend calls for service.
- 3. Attend functions of Fire Department.

Training required to become an active member of the Fire Department. Firefighters will be required to:

- 1. Start Entry Level/Firefighter 1 within the first two (2) years and complete within four (4) years. Tuition paid by Fire Department) for firefighters/EMS.
- 2. Alternatively, complete First Responder course (40 hours) or EMT training within 2 years for active members.
- 3. Attend Hazardous Material Training

I have read these requirements and agree to them.

- 4. Attend training as prescribed in the Fire Department Bylaws and Standard Operating Guidelines.
- 5. 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.

| Date: | Signature of Applicant: | | |
|------------------------|-------------------------|--|--|
| List any restrictions: | | | |