Orange City Fire Department Application for Membership: Firefighter

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prevent performance of essential job functions. OCFD policy requires that all Fire Fighters be legal residents of the United States and reside within Orange City FD jurisdiction. To be considered for membership, applicants must be 18 years of age, have a valid Driver's License and be of good moral character. Persons who are substance abusers, who have been convicted of a felony, or who are members of another fire department are not eligible to apply.

I. Personal Information

	Last	First	Middle	
Present	Address			
Permar	ent Address (if different from abo	ove)		
Driver'	s License Number / State	Social Security Number	Date of Birth	
Email address		Telephone (Home)	Telephone (cell)	
1. Wh	v are you interested in fire fightin	g? 		
2. Do	vou have nast firefighting experie	nce? Yes □ No □ Dates ?	Where?	
		nce? Yes □ No □ Dates ?	Where?	
	tact Information:	nce? Yes No Dates ? Captain Years Other Officer)	Where? Phone	
Con	tact Information:	Captain Years Other Officer)		
Con Cer 3. Hav If	tact Information: Name (Chief tifications held (First Aid, CPR, I we you ever served in the Armed I YES: Currently Serve	Captain Years Other Officer) Firefighter I, etc): Forces of the United States? Yes No	Phone	
Con Cer 3. Hav If Br	tact Information: Name (Chief tifications held (First Aid, CPR, I ye you ever served in the Armed I YES: Currently Serve anch and dates of service:	Captain Years Other Officer) Firefighter I, etc): Forces of the United States? Yes No	□ Dishonorable Discharge □	

Date: _____

Can converse freely in this language (Fluent) \Box

Native speaker $\ \square$

II. Education History	School Name/Location	Major/ Specialization	Dates Attended	Degree/Diploma
High School				
College, University, or Technical School				
Other				

III. Employment Record - include your last three employers.

Company Name (Current or Most Recent Employer)	Position Held
	_ Dates Employed:
Address	From To
Manager / Supervisor	Telephone
Reason for leaving	
Company Name	Position Held
	Dates Employed:
Address	From To
Manager / Supervisor	Telephone
Reason for leaving	
Company Name	Position Held
	Dates Employed:
Address	From To
Manager / Supervisor	Telephone

NOTE: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)

(Employer's Name)

Reason

Reason

2

IV. References Please <u>do not</u> include relatives or former employers.

•	
Name	Years Known Telephone
Address	In what capacity does this person know you?
Name	Years Known Telephone
Address	In what capacity does this person know you?
Name	Years Known Telephone
Address	In what capacity does this person know you?

V. Questionnaire

What specific skills or traits will you bring to the department? (mechanical, construction, computer, teaching, etc.)

What volunteer commitments, if any, have you successfully sustained in the past? (church, community ,etc.)_____

Will there be any times of year when you will be unavailable to respond to calls for a significant period of time (more than a week)?

Are there any other life-factors that may prevent you from responding to calls on a regular basis (aside from periodically being out of town for a few days)? Examples: primary care of children or elderly, inability to leave work, regular out-of-town commitments on a daily, weekly, or monthly basis.

Are you aware of any pending life changes that you anticipate will cause you to move out of town in the next two to five years?

Have you received permission from your employer to leave work for fire calls? (If you are a student, have you spoken to your academic advisor about joining the FD?) Yes \Box No \Box If no, explain:

Are you available to begin responding as soon as you are appointed? Yes \Box No \Box If No, explain ______

Have you experienced acrophobia or claustrophobia? Yes \square No \square

Do you have a history of heart trouble? Yes \square No \square

Do you currently work days \Box or nights \Box ?

VI. Emergency Notification

In case of emergency, the person to notify is:					
	Name		Relationshi	р	
Address	Telephone Numbers:	Home	Work	Cell	

VII. Applicant Acknowledgement

I understand that if I am elected to the Orange City Fire Department, I will undergo a one-year probationary period during which my role at emergency calls will be limited. During this period I will be expected to participate in regularly-scheduled training and to attend other department functions. My progress will be evaluated at the end of the one year period before a vote is taken to admit me to full membership.

I understand that unless I am otherwise detained by family, church, or work responsibilities, I will be expected to respond to calls at any time of day or night, any day of the week, including weekends and holidays.

I hereby certify that all statements in this application are true. I understand that any untrue statements may cause this application to be rejected and/or any appointment to a position rescinded. I hereby authorize the Membership Committee of the Orange City Fire Department to contact any of the employers/references above listed.

As part of the process for evaluating potential volunteer members, the Orange City Fire Department conducts background checks on all applicants. This is done to ensure that new members are persons in good standing and have no civil or criminal legal actions pending. Your signature below indicates your assent to a check of your state and local records.

Signature

Date

Print Name

For OCFD Membership Committee Use Only	Interview Date	Time
Interviewer	Interviewer	
Interviewer	Interviewer	
Interviewer	Interviewer	