



ARCOLA VOLUNTEER FIRE DEPARTMENT

11329 RAILROAD STREET

ARCOLA IN 46704 USA

Dear Applicant,

Thank you for your interest in joining the Arcola Fire Department. Attached is an application for the position of:

Volunteer Firefighter

As a Volunteer Firefighter for the Arcola Fire Department your primary responsibility will be to respond to a variety of emergencies such as fires, traffic accidents, chemical spills, alarms, and other incidents where there are risks posed to life and property. You must be able to follow the directions and commands of company officers, and be able to work as part of a team. A fire scene often requires a member to be able to lift and maneuver heavy equipment, crawl through hot, smoke-filled and hazardous conditions, and encounter other events that can be both physically and mentally challenging. Because of the job's physical nature, as a volunteer firefighter you must stay in good physical shape so that fellow firefighters and residents of the town can depend on you during emergency situations. You will also be responsible for the care of the fire vehicles and equipment, as well as the fire station itself.

In order to select the best applicants for this position, it is our duty as a department to conduct a thorough and complete investigation into your personal, professional and private background. It is imperative for you to provide us with a complete, concise and easy to read application form.

Incomplete, erroneous or false information provided on these documents would be grounds for terminating the investigation into your background, thus eliminating you from consideration. Due caution and diligence should be observed in completing this application.

Typically, we review the applications on specific criterion. This criterion is based on the specific needs of the Fire Department. A background investigation will not be commenced until a recommendation is received from the Fire Officers. If selected for consideration, you will be contacted to meet with the Fire Officers. After that meeting, a complete and thorough background check will be conducted. If there are problems with the background you will be contacted. If your background is cleared for membership, you will again be contacted to come to the next Fire Department Business Meeting. At this meeting, prospective members are brought up before the Fire Department for vote. A successful vote affords the applicant conditional membership in the organization. There is a one-year probationary period in which your progress and participation as a member is reviewed at specific intervals during that year.

Applications are kept on file for one year from the date of receipt. To be considered after the expiration of one year, a new application would need to be completed.

We would like to wish you the best of luck in your future endeavors. If you have any other concerns or questions, please do not hesitate to call on us at the Fire Department.



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MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____

BASIC INFORMATION:

1. Full Legal Name (Last, First, Middle) _____

2. Date of Birth: _____ Age: _____ 3. Driver's License #: _____ State: _____

(Initial Turnout Gear Sizing)

4. Height _____ Weight _____ Pants Size _____ Shirt Size _____ Shoe Size _____

5. Social Security Number: _____ - _____ - _____ 6. Cell Phone Number: (_____) _____

7. Perm. Address: _____ 8. Local Address: _____

_____ (CITY, STATE, ZIP CODE)

_____ (CITY, STATE, ZIP CODE)

9. Email: _____

10. Have you previously applied for this position? (Yes/No) _____ If Yes, When? _____

11. Are you a current area resident? (Yes/No) _____ If Yes, how long? _____

Please list approximate distance of your residence from the Fire Station: _____

12. How long do you expect to stay in the the area? _____

NOTE: The Arcola Fire Department is a Volunteer Organization and we rely on the time that members can give the department. New members are asked to attend all Department Meetings (held every 2nd and 3 Wednesday of the month at 7pm) and all Department Trainings (usually held on the 2nd and 3rd Monday of the month at 7pm).

14. Will you be able to attend the required Monthly Meetings and Trainings? (Yes/No) _____

If no, why? _____

15. On average, how much available time do you have to give to the Arcola Fire Department:

Each Week? _____ Each Month? _____ Daytime? (8a – 5p) _____ Night? (5p- 8a) _____

Are you available on most weekends? (Yes/No) _____

BACKGROUND INFORMATION:

16. Have you ever been charged with or convicted of a law violation, including moving traffic violations and offenses committed before your eighteenth birthday, which were finally adjudicated in a Juvenile Court of under a Youth Offender Law? (Yes/No) _____. If yes, please explain: _____

17. Have you ever been dismissed or forced to resign, or have you ever resigned in order to avoid being dismissed? (Yes/No) _____. If yes, please explain: _____

18. List the Names and Addresses of three persons (not related to you) who we may contact as Character References

a.	Name _____	Relationship _____
	Address _____	Phone #: _____
b.	Name _____	Relationship _____
	Address _____	Phone #: _____
c.	Name _____	Relationship _____
	Address _____	Phone #: _____

EMPLOYMENT HISTORY:

19. Are you currently employed? (Yes/No) _____ May we contact your current employer? (Yes/No) _____

20. Who is your current employer?

Company: _____ Job Title: _____ Phone: _____

Address: _____ Dates Of Employment: _____

Supervisor Name: _____ Phone Number: _____

20a. Would you be allowed to leave work to answer emergency calls? (Yes/No) _____

21. Describe any work skills or specialized training/ achievements you have had which you believe would be relevant to being a member of the Arcola Fire Department.

22. Previous Employment

Give a complete record of your employment history including part time work, military service, and volunteer experience. List all experience in order, starting with your present or most recent position and working back. If additional space is needed, you may reproduce this section as necessary. Account for all periods of unemployment.

Company: _____ Job Title: _____ Phone: _____
Address: _____ Start Of Employment: _____
_____ End Of Employment: _____
Reason for leaving: _____
Supervisor Name: _____ Phone Number: _____

Company: _____ Job Title: _____ Phone: _____
Address: _____ Start Of Employment: _____
_____ End Of Employment: _____
Reason for leaving: _____
Supervisor Name: _____ Phone Number: _____

Company: _____ Job Title: _____ Phone: _____
Address: _____ Start Of Employment: _____
_____ End Of Employment: _____
Reason for leaving: _____
Supervisor Name: _____ Phone Number: _____

Company: _____ Job Title: _____ Phone: _____
Address: _____ Start Of Employment: _____
_____ End Of Employment: _____
Reason for leaving: _____
Supervisor Name: _____ Phone Number: _____

Company: _____ Job Title: _____ Phone: _____
Address: _____ Start Of Employment: _____
_____ End Of Employment: _____
Reason for leaving: _____
Supervisor Name: _____ Phone Number: _____

SCHOOLING:

(Middle/ High School)

23. Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12

23a. Name of High School Attended: _____ Graduation Date (mo/yr): _____

23b. If you expect to receive a High School Diploma within the next three months, please complete the following

Type of Diploma: _____ Date Expected to Receive Diploma: _____

24. If you did not graduate from high school, do you have a high school equivalency diploma? (Yes, No, n/a) _____

24a. If the answer to 15 is Yes, date received: _____ Source: (GED/ USAFI/ Other) _____

(College or University)

25. Have you taken College or University classes? (Yes/ No) _____

Name of School	Dates Attended (From – To)	Major or Type of Degree	Graduation Date (Or Estimated Future Date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25a. Are you currently a student? (Yes/ No) _____ If Yes, Do you live on campus? (Yes/No) _____

25b. Do you have a vehicle in the area? (Yes/ No) _____

(Fire/EMS Experience)

Check all of your current certifications.

- Firefighter I
 Firefighter II
 Hazmat Operations
 EVOC I, II, III
 CPR
 EMT-B
 EMT-I
 Paramedic

26. Do you have any current or previous affiliation with a Fire, EMS, or other similar department? (Yes/No) _____

Department Name: _____ Location: _____
 Dates of Service: From: _____ To: _____ Reason for Leaving: _____
 Training/ Certifications: _____

Department Name: _____ Location: _____
 Dates of Service: From: _____ To: _____ Reason for Leaving: _____
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Department Name: _____ Location: _____
 Dates of Service: From: _____ To: _____ Reason for Leaving: _____
 Training/ Certifications: _____

27. List any other relevant certifications.

DEPARTMENT INFORMATION

28. Why do you want to be a Firefighter? _____

29. What can the department expect to gain from your membership? _____

30. Are there any medical or physical reasons that would prevent you from performing the duties of a Firefighter?
(If Yes Please Explain) _____

NOTE: The Arcola Fire Department is an Equal Opportunity Organization. It does not discriminate on the basis of race, national origin, sex, religion, age, or disability status in employment, promotion, demotion, or dismissal.

31. Is there anything else you wish to tell us about yourself? _____

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I hereby certify that this is a complete record and that all entries and on any attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references and former employees being contacted in reference to being considered for membership. I authorize the Arcola Fire Department or appointent representative to conduct a Criminal History Background Check and Driving Record Check to be used in the evaluation process of my candidacy for membership.

Date: _____

Signed: _____

32. Please attach a current photo of yourself.

