

HYRUM FIRE / EMS

"Preserving the past, protecting the future"



Application for Volunteer Services as Firefighter or EMT

IMPORTANT INSTRUCTIONS

The information in this application packet will be used to determine suitability and qualifications of the applicant for volunteer purposes. Any printed material in this application packet is subject to revision without notice.

- Please print all information clearly and in your own handwriting. Completion of the application by computer is permitted, however it must be printed so that signatures can be obtained.
- Complete the entire packet answering all questions, explaining where necessary.
- All responses must be truthful and complete.
- Application will be held for (6) months.

OFFICE USE ONLY:

RECEIVED BY: _____

DATE: _____

VOLUNTEER FIRE DEPARTMENT

MEMBER APPLICATION

Hyrum Fire/ EMS consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, the presence of a non-job related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. Applicants must take residence in Hyrum, Nibley or Millville and must continue to reside within the area while employed.

Date of Application: _____ Fire Department EMT

Personal Information:

_____ Last First MI

_____ Address City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Are you 20 years of age or older? Yes No

Are you legally authorized to work in the U.S.? Yes No

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? Yes No

If you answered yes, please explain:

Do you have any relatives on Hyrum Fire / EMS? Yes No

If yes, who? _____

EDUCATION and TRAINING:

School Level	School Attended	Years Completed	Degree/#Credits
High School		9 10 11 12	
Community or Junior College		1 2	
College/University		1 2 3 4	
Business or Trade School		1 2	

Have you received Firefighter or E.M.T. training in the past? YES No

Type of Firefighter/E.M.T. training: _____ Date: _____

AVAILABILITY AND EMPLOYMENT HISTORY:

Approximate minutes from your home to the fire station? _____

What hours are you available to respond to emergency calls? Weekday 7am-7pm Yes No
 Weekday 7pm-7am Yes No
 Weekends Yes No

Can you be available for the following meetings and training sessions?

First and Third Saturday of the month at 6am (Fire Drill) Yes No

Second Wednesday of the month at 7pm (Fire Drill) Yes No

First Thursday of the month at 6pm (EMT Drill) Yes No

Do you current have Fire Certification? Yes No If so, _____

Do you current have EMT certification? Yes No If so, State Certification# _____

Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Job Title: _____ Date Employed: _____

Specific Duties: _____

REFERENCES:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____ (No Relatives)	RELATIONSHIP _____ (No Relatives)
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____ (No Relatives)	RELATIONSHIP _____ (No Relatives)

All offers of employment will be conditional.

In consideration of my employment, I agree to conform to company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without notice, at any time, at either my or the cities option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the city.

I certify that information given in this application is, to the best of my knowledge, true and complete. I hereby authorize such complete background investigation, including but not limited to all statements contained in the application for employment, as may be necessary in arriving at an employment decision. If I am employed by the City of Hyrum based on this application. I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date