

Have you ever been convicted of **anything** other than a moving violation? ____ yes ____ no
If yes, describe: _____

This position requires lifting/carrying mild to heavy weight at times, as well as wearing turnout gear and SCBA packs and masks. Is this a problem? ____ yes ____ no

Previous Medical History/Physical limitations: _____

Allergies: _____

Identifying marks and/or scars: _____

Hair: _____ Eyes: _____ Height: _____ Weight: _____

Emergency Contact: _____

Relation: _____ Home: _____

Cell: _____ Work: _____

How did you hear about this position? _____

Briefly describe why you want to be a volunteer firefighter: _____

Do you have any fire, EMS, or rescue training and certifications?: ____ yes ____ no

If yes, please list: _____

Please list any former or current fire departments: _____

If you are accepted and are between the ages of 16-18, you will be considered a Junior Firefighter until your 18th birthday.

Your application will be reviewed and voted on at the next department business meeting. Such meetings are held at the beginning of each month.

Non-discrimination policy

It is the policy of Cataract Volunteer Fire Department to provide equal opportunity to all persons without regard to race, color, creed, national origin, religion, gender, sexual orientation, marital status, status with regard to public assistance, age, or disability. No person shall be discriminated against with regard to the selection of firefighters. It is the responsibility of Cataract Volunteer Fire Department supervisors/officers to insure the implementation of this policy.

Probationary Period

If accepted as a member on Cataract Volunteer Fire Department, You will be on a 6 month probationary period. During which, you will be expected to attend at least half of the business meetings and trainings held each month, as well as volunteering your time at the department fundraisers. Failure to do so without reasonable explanation can result in termination of your membership and position at Cataract Volunteer Fire Department.

I HEREBY CERTIFY, UNDER THE PENALTY OF PERGURY IN THE STATE OF INDIANA, THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM CONSIDERATION, OR MY MEMBERSHIP MAY BE TERMINATED.

I AGREE TO ALL PREVIOUSLY STATED TERMS AND CONDITIONS OF MEMBERSHIP.

I AGREE TO AUTHORIZE A CRIMINAL HISTORY CHECK AND/OR DRIVING RECORD IF THE DEPARTMENT DEEMS NECESSARY.

I AGREE THAT FOR MY SAFETY AND THE SAFETY OF OTHERS ON THE DEPARTMENT I WILL FOLLOW ALL DEPARTMENTAL SOG's/ SOP's OR BE SUBJECT TO DISIPLINE OR TERMINATION.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I MUST PROVIDE DOCUMENTATION TO PROVE MY ELIGIBILITY TO OBTAIN EMPLOYMENT ALONG WITH PERSONAL IDENTIFICATION INFORMATION, AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

Signature of Applicant

Date

FOR DEPARTMENTAL USE ONLY

DATE OF APPLICATION REVIEW AND VOTE: _____

APPLICANT: _____ ACCEPTED _____ DENIED