

APPLICATION TO FORT CALHOUN FIRE/RESCUE

Name: _____
 last first middle

Age: _____ Date of Birth: _____ Social Security#: _____ - _____ - _____

Address: _____ Within Fire District? Yes No

Home Phone Number: _____ Work number: _____

Occupation: _____ In Fort Calhoun? Yes No

Hours that you work? _____ Does this vary? Yes No

Do you have experience in fire fighting and/or rescue? Yes No

If "YES" Please give details below—

If you are not experienced, are you willing to serve on the department and take the necessary training?

("Firefighter I" or EMT, must be completed within the first year)

Do you have a current or past EMT Certification Current Past None

If experienced are you willing to serve on the Rescue Squad and maintain your continuing training hours? Yes No

Do you have a current AHA CPR Card? Yes No

If you are not experienced, are you willing to serve on the Rescue Squad and take the necessary training? (must be at least "Firefighter I" to serve on the squad) Yes No

I feel physically able to perform all aspects of fire fighting, including respirator (SCBA) use, and have not abused alcohol or drugs (legal or illegal), nor had any traffic violations or criminal charges.
(IF SO PLEASE EXPLAIN ON BACK OF THIS APPLICATION)

Your Initials _____

I ATTEST that the above statements are truthful and correct and understand that Random Drug Testing could be conducted on any member.

SIGNATURE OF APPLICANT _____ Date: _____

SIGNATURE OF SPONSORING MEMBER, if applicable _____

Date Accepted: _____ Committee Review: _____ Date Voted: _____

RELEASE AUTHORIZATION

APPLICANT: This release must be filled out completely for your application to be considered.

Name: _____

Previous/Maiden Names(s): _____

Home Address: _____

City: _____ State _____ Zip: _____

Social Security #: _____ Date of Birth _____

Drivers License Number & State of Issue: _____

In connection with my application for membership with the Fort Calhoun Fire and Rescue Department, I authorize any insurance company, employer; educational institution, law enforcement organization, state and federal government agency, information service bureau, medical facility, and other persons contacted to release information regarding my character, performance, qualifications, background, and reasons for termination of past employment to the Fort Calhoun Fire and Rescue Department or its agent and release all parties involved in providing said information from any responsibility or liability.

I also authorize the release of my driving history, criminal history, worker compensation records and investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. I understand that membership in the Fort Calhoun Fire and Rescue Department is solely that of the Department and is by popular vote of the members although said decision may be based upon the information obtained. I release the Fort Calhoun Fire and Rescue Department, the Fort Calhoun Rural Fire Protection District, the City of Fort Calhoun, the Washington County Sheriff's Office and all members and officers of said organizations from any and all liability surrounding or related to the membership to the Fort Calhoun Fire and Rescue Department.

Applicants Signature

Date

ACKNOWLEDGEMENT OF
DRUG FREE WORKPLACE POLICY

FORT CALHOUN RURAL FIRE PROTECTION DISTRICT
FORT CALHOUN FIRE AND RESCUE DEPARTMENT

Applicants for probationary and active member status of the Fort Calhoun Fire and Rescue Department are required to acknowledge that they have read and will abide by the Drug Free Workplace Policy of the Fort Calhoun Fire Protection District.

I certify that I have read and will abide by the Drug Free Workplace policy of the Fort Calhoun Rural Fire Protection District.

Name;

(Print) _____

(Sign) _____

(Date) _____

FORT CALHOUN FIRE AND RESCUE DEPARTMENT

Fire Fighter Job Description

NATURE OF WORK

Performs fire fighting and rescue operations, provides basic life support, trains in modern fire and rescue techniques, and in the use of fire and rescue equipment. Performs general maintenance and inspection of fire and rescue apparatus, equipment, and fire station facilities.

This is a highly responsible and professional work in fire fighting and rescue operations. Work is performed under extreme conditions including dangerously high temperatures for extended amounts of time where vision may be totally obscured at times while fighting fires. This work is inherently dangerous and may lead to serious injuries and loss of life.

SPECIFIC JOB DUTIES

Including, but not limited to;

Carries or drags charged and uncharged hose lines into burning structures, up and down stairs and ladders; holds charged hose lines and directs water streams or fog patterns at visible fire source.

Performs search and rescue operations to locate and evacuate trapped and injured victims from structures, vehicles, and other entrapments.

Makes forcible entries using an ax, pry bar, Jaws of Life, pike poles or portable saws to gain access, or to ventilate.

Provides basic life support to sick or injured victims and assists victims in ascending or descending ladders or carries victims as appropriate. Includes maintaining American Heart Association CPR certification.

Operates a variety of fire and rescue equipment such as "jaws of life", power saws and chisels, axes, hydrant wrenches, hose clamps, etc.

Performs salvage and overhaul operations, carrying burning and smoldering furniture out of a structure; uses axes, pike poles, shovels, buckets and brooms to remove debris to a safe area and wetting down debris to ensure extinguishment.

Participates in fire and rescue training sessions and demonstrations. Including participating in a minimum of 36 hours of training annually. More specifically refer to the Constitution and By-Laws of the Department (available upon request).

Drives fire apparatus and rescue squads in emergency and non-emergency situations.

Performs general maintenance and inspection of fire and rescue apparatus, equipment, and fire station facilities.



The Background Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* (MM/DD/YYYY) _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used for any other purpose.