

# ADWOLFE VOLUNTEER FIRE DEPARTMENT



## APPLICATION FOR MEMBERSHIP

Members of the Adwolfe Volunteer Fire Department and applicants for membership shall be afforded equal opportunity in all aspects of membership without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting any member of the Adwolfe Volunteer Fire Department.

1. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Completion of # 1 is optional. Failure to submit a Social Security Number will not prohibit consideration. A Social Security Number may be required on other forms prior to membership.

2. Full Legal Name \_\_\_\_\_

3. Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Address \_\_\_\_\_  
Physical Address Required, No PO Box

5. Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ City State Zip

### Education

6. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed \_\_\_\_\_ If you did not complete high school, do you have a high school equivalency diploma?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date completed \_\_\_\_\_

7. Circle the number of years of post high school education: 1 2 3 4 5 6 7

	Name and Location of Institution	Hours	Degree Received	Major/Specialty	Dates Attended
1.	_____				
2.	_____				
3.	_____				

Employment Information (Present or most recent)

8. Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Shift/Hours of Work \_\_\_\_\_ Does your job require travel?  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Yes \_\_\_ No \_\_\_  
Supervisor \_\_\_\_\_ If so, How often? \_\_\_\_\_

Volunteer Experience

9. Title \_\_\_\_\_ Duties \_\_\_\_\_  
Agency \_\_\_\_\_ Years of Service \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person/Title \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Reason for Leaving \_\_\_\_\_

Miscellaneous

10. For purposes of compliance with the Immigration Reform Act, are you legally eligible for employment in the United States? \_\_\_Y\_\_\_N. Under the Immigration Reform and Control Act of 1986, you will be required to verify that you are eligible by providing documentation (i.e. Social Security Card, Birth Certificate, etc.) and also verification of identity.

11. Do you have your own transportation to and from the Adwolfe Volunteer Fire Department?  
Yes \_\_\_ No \_\_\_

12. Have you ever been convicted for any violation(s) of the law, including traffic violations?

Yes \_\_\_ No \_\_\_

Please provide the following:

Description of Offense: \_\_\_\_\_

Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

County, City and State of Conviction: \_\_\_\_\_

(For additional convictions, use plain paper and include all information listed above)

Licenses (to include drivers), Certificates, or Trades

13. List Licenses, Certificates or Trades

	Type	License Number	Expiration Date	Granted By (Licensing Board)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

References

14. List names, addresses, and relationships of three persons not related to you who know your qualifications.

	Name	Address	Relationship	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Certification

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any membership within the Adwolfe Volunteer Fire Department. I understand that all information on this application is subject to verification and I consent to criminal history and motor vehicle background checks. I also consent to the references listed being contacted regarding this application. I further authorize the Adwolfe Volunteer Fire Department to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I further understand that a physical agility test in accordance with duties and functions of firefighting and/or emergency medical services will be administered and must be satisfactorily completed prior to approval for membership with the Adwolfe Volunteer Fire Department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Use Only	
Date Application Accepted: _____	Interview Date: _____
Agility Test Date: _____	Medical Date: _____
Agility: Pass _____ Fail _____	Medical: Pass _____ Fail _____
Driving Record: _____	Criminal History: _____