

Orange City Fire Department

Application for Membership: Firefighter

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prevent performance of essential job functions. OCFD policy requires that all Fire Fighters be legal residents of the United States and reside within Orange City FD jurisdiction. To be considered for membership, applicants must be 18 years of age, have a valid Driver's License and be of good moral character. Persons who are substance abusers, who have been convicted of a felony, or who are members of another fire department are not eligible to apply.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different from above) _____

Driver's License Number / State _____ Social Security Number _____ Date of Birth _____

Email address _____ Telephone (Home) _____ Telephone (cell) _____

Federal law prohibits the employment of unauthorized aliens. In order to be accepted to membership you must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) at the membership interview. Failure to submit such proof will lead to non-consideration.

1. Why are you interested in fire fighting?

2. Do you have past firefighting experience? Yes No Dates ? _____ Where? _____

Contact Information: _____
Name (Chief Captain Years Other Officer _____ Phone _____

Certifications held (First Aid, CPR, Firefighter I, etc):

3. Have you ever served in the Armed Forces of the United States? Yes No
If YES: Currently Serve Honorable Discharge Dishonorable Discharge

Branch and dates of service: _____

4. Have you ever been convicted of a felony? Yes No **If yes,** please explain: _____

5. Do you speak a foreign language? Yes Language(s) _____ No
Proficiency: Can comprehend simple sentences Can articulate basic questions and comprehend simple responses
Can articulate complex concepts Can understand complex sentences/concepts if they are spoken slowly or repeated

Can converse freely in this language (Fluent)

Native speaker

II. Education History	School Name/Location	Major/ Specialization	Dates Attended	Degree/Diploma
High School				
College, University, or Technical School				
Other				

III. Employment Record - include your last three employers.

1. _____
Company Name (Current or Most Recent Employer) Position Held _____
_____ Dates Employed: _____
Address From To
_____ _____
Manager / Supervisor Telephone

Reason for leaving _____

2. _____
Company Name Position Held _____
_____ Dates Employed: _____
Address From To
_____ _____
Manager / Supervisor Telephone

Reason for leaving _____

3. _____
Company Name Position Held _____
_____ Dates Employed: _____
Address From To
_____ _____
Manager / Supervisor Telephone

Reason for leaving _____

NOTE: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason _____

(Employer's Name) Reason _____

IV. References Please do not include relatives or former employers.

1. _____
Name Years Known Telephone

Address In what capacity does this person know you?

2. _____
Name Years Known Telephone

Address In what capacity does this person know you?

3. _____
Name Years Known Telephone

Address In what capacity does this person know you?

V. Questionnaire

What specific skills or traits will you bring to the department? (mechanical, construction, computer, teaching, etc.)

What volunteer commitments, if any, have you successfully sustained in the past? (church, community ,etc.) _____

Will there be any times of year when you will be unavailable to respond to calls for a significant period of time (more than a week)?

Are there any other life-factors that may prevent you from responding to calls on a regular basis (aside from periodically being out of town for a few days)? Examples: primary care of children or elderly, inability to leave work, regular out-of-town commitments on a daily, weekly, or monthly basis.

Are you aware of any pending life changes that you anticipate will cause you to move out of town in the next two to five years?

Have you received permission from your employer to leave work for fire calls? (If you are a student, have you spoken to your academic advisor about joining the FD?) Yes No If no, explain:

Are you available to begin responding as soon as you are appointed? Yes No If No, explain _____

Have you experienced acrophobia or claustrophobia? Yes No

Do you have a history of heart trouble? Yes No

Do you currently work days or nights ?

VI. Emergency Notification

In case of emergency, the person to notify is: _____
Name Relationship

Address Telephone Numbers: Home Work Cell

VII. Applicant Acknowledgement

I understand that if I am elected to the Orange City Fire Department, I will undergo a one-year probationary period during which my role at emergency calls will be limited. During this period I will be expected to participate in regularly-scheduled training and to attend other department functions. My progress will be evaluated at the end of the one year period before a vote is taken to admit me to full membership.

I understand that unless I am otherwise detained by family, church, or work responsibilities, I will be expected to respond to calls at any time of day or night, any day of the week, including weekends and holidays.

I hereby certify that all statements in this application are true. I understand that any untrue statements may cause this application to be rejected and/or any appointment to a position rescinded. I hereby authorize the Membership Committee of the Orange City Fire Department to contact any of the employers/references above listed.

As part of the process for evaluating potential volunteer members, the Orange City Fire Department conducts background checks on all applicants. This is done to ensure that new members are persons in good standing and have no civil or criminal legal actions pending. Your signature below indicates your assent to a check of your state and local records.

Signature

Date

Print Name

For OCFD Membership Committee Use Only	Interview Date _____ Time _____
_____ Interviewer	_____ Interviewer
_____ Interviewer	_____ Interviewer
_____ Interviewer	_____ Interviewer