

# 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 prohibit performance of essential job functions. Current OCFD policy requires that all Fire Fighters be legal residents of the State of Iowa and reside within Orange City limits.

Date: \_\_\_\_\_

### I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different from above)

Driver's License Number 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



**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

<b>For OCFD Membership Committee Use Only</b>	Interview Date _____ Time _____
_____ Interviewer	_____ Interviewer
_____ Interviewer	_____ Interviewer
_____ Interviewer	_____ Interviewer