

FIRE DEPARTMENT APPLICATION

I, THE UNDERSIGNED, AM INTERESTED IN BECOMING A MEMBER OF THE HARLAN FIRE DEPARTMENT AND BY THIS APPLICATION; I HEREBY REQUEST TO BE ADMITTED AS A VOLUNTEER FIREFIGHTER _____ OR EMT _____ MEMBER. (check one)

I UNDERSTAND THAT IF SELECTED, IT IS MY DUTY AND OBLIGATION AS AN ACTIVE FIREFIGHTER OR EMT, TO RESPOND IMMEDIATELY TO ANY ALARM TO THE BEST OF MY ABILITY. I WILL PERFORM MY DUTIES UNDER COMMAND OF THE OFFICER IN CHARGE. I FURTHER UNDERSTAND THAT TO REMAIN AN ACTIVE FIREFIGHTER, I MUST PERFORM THE FOLLOWING DUTIES:

1. I WILL ATTEND NO LESS THAN 1/3 OF THE FIRE CALLS DURING A CALENDAR YEAR;
2. I WILL ATTEND NO LESS THAN 75% OF THE MEETINGS AND TRAINING SESSIONS;
3. I WILL TAKE PART IN AT LEAST 75% OF THE DRILLS AND PARTICIPATE IN SPECIAL MEETINGS WHEN NOTIFIED.
4. I WILL OFFER A GOOD AND SUFFICIENT EXCUSE FOR MY ABSENCE IF UNABLE TO ATTEND ANY DRILL, MEETING, OR TRAINING SESSION;
5. WITHIN THE FIRST TWO YEARS, I WILL TAKE THE TRAINING AND PASS THE EXAMINATIONS NECESSARY TO ACHIEVE THE LEVEL OF CERTIFIED FIREFIGHTER I OR EMT "B";
6. IF ELECTED I WILL PASS A FIRE DEPARTMENT PHYSICAL AND DRUG SCREENING PRIOR TO A KEY OR PAGER WILL BE ISSUED AND ABLE TO RESPOND TO ANY CALLS;
7. I WILL PASS THE FIRE DEPARTMENT'S PHYSICAL AGILITY TEST WITHIN 6 MONTHS OF BECOMING A MEMBER AND ANUALLY TO REMAIN AN ACTIVE MEMBER;
8. I WILL SIGN A RELEASE OF INFORMATION FOR MEDICAL RECORDS.

A. DO YOU HAVE ANY HEALTH PROBLEMS THAT WOULD RESTRICT YOU FROM PERFORMING DUTIES OF AN ACTIVE FIREFIGHTER OR EMT? YES _____ NO _____
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

B. DO YOU KNOW OF ANY OTHER PHYSICAL OR PSYCHOLOGICAL CONDITIONS WHICH MIGHT IMPAIR YOUR PERFORMANCE AS AN ACTIVE FIREFIGHTER OR EMT? YES _____ NO _____
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

C. I HAVE BEEN A RESIDENT OF HARLAN _____ YEARS AND _____ MONTHS
(please print)

NAME: _____ HOME PHONE _____
ADDRESS: _____ CELL PHONE _____
E-MAIL ADDRESS _____
EMPLOYER _____ WORK PHONE _____
DRIVERS LICENSE NO: _____ SS NO: _____
SPOUSE _____

D. ARE YOU AT LEAST 19 YEARS OF AGE? YES _____ NO _____

E. OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ (A YES ANSWER DOES NOT NECESSARILY DISQUALIFY YOU FROM BECOMING A MEMBER).

SHOULD I BE ADMITTED, I WILL CHEERFULLY CONFORM TO ALL THE RULES AND REGULATIONS OF THE DEPARTMENT.

THE PRECEEDING RESPONSES ARE TRUE TO THE BEST OF MY KNOWLEDGE. PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR EXPLANATIONS.

DATED AT HARLAN, IOWA, THIS _____ DAY OF _____, 20_____.

SIGNATURE OF APPLICANT: _____

RECOMMENDED BY CHIEF OFFICERS AFTER INTERVIEW: YES _____ NO _____

RECOMMENDED BY MEMBERS: _____

Office use only AND _____