

**APPLICATION FOR MEMBERSHIP
ELBERTA VOLUNTEER FIRE DEPARTMENT**

Full Name _____ Birth Date ___/___/___ Age _____

Current Physical Address _____

Previous Physical Address _____

How long have you lived at your present address? _____ Previous Address? _____

Home Phone ___-___-___ Cell Phone ___-___-___ Work Phone ___-___-___ E-Mail _____

Drivers License # _____ State _____ Expiration ___/___/___ Class _____ SSN ___-___-___

Sex M / F Height _____ Blood Type _____ Marital Status _____ US Citizen? _____

Emergency Contact _____ Phone ___-___-___ Relationship _____

Phone ___-___-___

Emergency Contact _____ Phone ___-___-___ Relationship _____

Phone ___-___-___

Ever been convicted of a felony or misdemeanor? _____

If yes to previous question, please describe in full

EDUCATION

Grammar School _____ Location _____

High School _____ Location _____ From _____ To _____ Grad? Y / N

Technical School _____ Location _____ From _____ To _____ Grad? Y / N

College _____ Location _____ From _____ To _____ Grad? Y / N

MILITARY SERVICE

Active Duty From _____ To _____ Branch _____ Discharge Date ___/___/___

Rank Or Grade At Time Of Discharge _____ Honorable Discharge? Y / N

Nature Of Duties _____ Current Obligation _____

EMPLOYMENT HISTORY

Present Employer _____ Nature Of Business _____

Address _____ Phone ___ - ___ - ___ OK To Contact? Y/N

Job Title _____ Duties _____

Date Employed __/__/__

Previous Employer _____ Nature Of Business _____

Address _____ Phone ___ - ___ - ___ OK To Contact? Y/N

Job Title _____ Duties _____

Employed From __/__/__ To __/__/__ Terminated? Y / N Left In Good Standing? Y / N

Have you had previous fire department or emergency service experience? Y / N If yes, please explain

EMS Certification Number _____ Certificate Expires __/__/__ Initial Certification __/__/__

<u>DO YOU HAVE NOW, OR EVER HAD:</u>	<u>YES/NO</u>	<u>IF YES, EXPLAIN</u>
HEART TROUBLE	_____	_____
DIABETES	_____	_____
HIGH BLOOD PRESSURE	_____	_____
EPILEPSY	_____	_____
SEIZURES	_____	_____
BACK INJURY	_____	_____
ALLERGIES	_____	_____
JOB RELATED INJURY	_____	_____
PERMANENT DISABILITY	_____	_____

Do you agree to have a physical exam if requested by the department, at your expense? YES / NO

Are you currently receiving workers compensation? YES / NO

If YES to previous question, give details _____

How would you describe your present health? EXCELLENT GOOD FAIR POOR

LIST FOUR LOCAL REFERENCES, NOT EMPLOYERS OR RELATIVES:

- 1) _____ Phone: _____
- 2) _____ Phone: _____
- 3) _____ Phone: _____
- 4) _____ Phone: _____

LIST ANY SPECIAL SKILLS: _____

LIST ANY MACHINERY YOU ARE QUALIFIED TO OPERATE: _____

WHY DO YOU WANT TO JOIN THE ELBERTA VOLUNTEER FIRE DEPARTMENT?

DRUG/ALCOHOL POLICY STATEMENT AND CONSENT FORM TO BLOOD, URINALYSIS, POLYGRAPH, AND/OR HAIR ANALYSIS

AS A PREREQUISITE TO MY MEMBERSHIP, OR IN CONSIDERATION OF MY CONTINUED MEMBERSHIP OF THE ELBERTA VOLUNTEER FIRE DEPARTMENT, I UNDERSTAND THAT AT SUCH TIME OR TIMES DURING MY MEMBERSHIP AS THE DEPARTMENT SHALL REQUIRE RANDOMLY OR REGULARLY, I MAY BE REQUESTED TO UNDERGO A BLOOD, URINALYSIS, POLYGRAPH, OR HAIR ANALYSIS TEST. I DO HEREBY RELEASE, AND WAIVE OR DISCHARGE THE ELBERTA VOLUNTEER FIRE DEPARTMENT AND ANY MEDICAL FACILITY, THEIR EMPLOYEES, OFFICERS, AGENTS, AND AFFILIATES FROM ANY AND ALL LIABILITIES ARISING FROM SUCH TEST(S) AND FROM THE RELEASE, OR USE OF INFORMATION THAT IS MADE AVAILABLE TO SELECT PERSONNEL FOR THE DEPARTMENT ON A STRICT "NEED TO KNOW" BASIS, AND IN ADMINISTRATIVE OR DISCIPLINARY PROCEEDINGS, OR CIVIL LITIGATION WHERE MY TEST RESULTS OR RESULTING MEMBERSHIP ACTION IS RELEVANT. I UNDERSTAND THAT IF I TEST POSITIVE OR REFUSE TO BE TESTED, I WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OR MEMBERSHIP.

I UNDERSTAND THAT I MAY BE RANDOMLY TESTED DUE TO THE SAFETY SENSITIVE/SPECIAL RISK NATURE OF THE FIRE DEPARTMENT. I ALSO UNDERSTAND THAT SHOULD I BE INJURED OR CAUSE INJURY TO ANOTHER WHILE RESPONDING TO, WORKING WITH, OR RETURNING FROM THE ELBERTA VOLUNTEER FIRE DEPARTMENT, I WILL BE REQUIRED TO SUBMIT TO TESTING. IF I TEST POSITIVE OR REFUSE TO BE TESTED FOLLOWING THE ACCIDENT, I WILL FORFEIT ALL WORKERS COMPENSATION MEDICAL AND INDEMNITY BENEFITS AND WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MEMBERSHIP.

I UNDERSTAND THAT ANY INDIVIDUAL UNDER THE AGE OF 21 WHO IS UNDER THE INFLUENCE OF, OR IN POSSESSION OF ALCOHOL, IS ILLEGAL. AS SUCH, I UNDERSTAND THAT IF I AM UNDER THE AGE OF 21 AND I AM ON PROPERTY OF THE ELBERTA VOLUNTEER FIRE DEPARTMENT AND AM IN POSSESSION OF OR UNDER THE INFLUENCE OF ALCOHOL, I WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MEMBERSHIP. I UNDERSTAND THAT IF I AM 21 OR OLDER, AND I AM UNDER THE INFLUENCE OF ALCOHOL WHILE RESPONDING TO, WORKING WITH, OR RETURNING FROM THE ELBERTA VOLUNTEER FIRE DEPARTMENT, I WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. I ALSO UNDERSTAND THAT IF I AM IN POSSESSION OF, OR UNDER THE INFLUENCE OF ANY ILLEGAL DRUG, MY MEMBERSHIP WILL BE TERMINATED.

I DO HEARBY AFFIRM THAT ALL ANSWERS TO QUESTIONS CONTAINED IN THIS APPLICATION ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I HEARBY AUTHORIZE ANY INVESTIGATION OF STATEMENTS CONTAINED HEREIN, AND ALSO AUTHORIZE ELBERTA VOLUNTEER FIRE DEPARTMENT TO CONDUCT ANY CRIMINAL BACKGROUND AND/OR DRIVER HISTORY APPLICABLE TO MY MEMBERSHIP. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I HAVE ALSO READ, UNDERSTOOD, AND AGREED TO THE DRUG/ALCOHOL POLICY STATEMENT AND CONSENT FORM.

Print Name _____

Signature _____

Date __/__/__

Parent Signature _____

Date __/__/__

(ONLY REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE)