

PRIMGHAR FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

The Primghar Fire Department strives to provide our communities with prompt, skilled, highly trained emergency firefighters. To do that we need volunteers with a compassion and a willingness to learn and maintain the skills needed for firefighting. We thank you for applying.

DATE OF APPLICATION: _____.

NAME: _____
Last First Middle

ADDRESS: _____
Primghar, IA 51245

SOCIAL SECURITY NUMBER: _____ Birthdate _____

DRIVERS LICENSE NUMBER: _____

Home (712) _____ Work (712) _____ Cell (712) _____
Cell Carrier _____

OTHER INFORMATION

List any Fire / First Aid / CPR Training you have taken and the date you completed it.

A. _____

B. _____

C. _____

Please list other skills or experience related to emergency rescue or medicine:

Please list one reference that we may contact:

Employers Name & Address:

Dear Employer,

Your employee is applying to become a member of the Primghar Fire Department. With around 30-40 calls per year, there is seldom a need to ask an employee to leave their job. However, that need may arise. The Primghar Fire Department would like your support of the community by allowing your employee to be on call during working hours. If you cannot allow your employee to be on call, please allow his or her absence during a casualty disaster.

Would you approve this applicant to be on fire call during your business hours? This would be kept to a minimum. Yes No

Signature of Employer: _____ Date: _____

APPLICANT'S ASSURANCES

I agree to complete the Firefighter I course I enroll in within one year of this application. I further agree that I will complete the Firefighter II course within 3 years. In order to drive a truck, I agree to take the Driver/Operator course.

I agree to attend the fire department meetings and training sessions to remain certified and competent. State and Federal mandates require 24hrs minimum certified training per year.

As a team member of the Primghar Fire Dept., I agree to abide by the City Ordinances and Bylaws governing the operation of this service. I also agree to repay the City any fees associated with my initial training if do not complete my certification. In addition, I will serve at least two years on the Primghar Fire Department or repay the City the pro-rata share of my training costs.

Questions:

1. Do you have any mental or physical impairment(s) that may affect your ability to do the emergency functions for firefighting? Circle one: Yes No

2. Have you ever been convicted of a serious or aggravated misdemeanor or a felony? Circle one: Yes No

3. Have you ever been, or are you now addicted to the use of any chemical substance? Circle one: Yes No

4. Have you ever undergone treatment for any psychological or psychiatric disorder? Circle one: Yes No

5. Have you ever had any disciplinary action brought against you in connection with your emergency related actions in this state or another state? Circle one: Yes No

6. Have you been in litigation in connection with your emergency related actions in this state or another state? Circle one: Yes No

7. Have you had any moving traffic violations within the past three years? Circle one: Yes No

Please explain any yes answers on the last page of this application.

The facts in this application are true and complete to the best of my knowledge. Any falsified statements on this application shall be grounds for dismissal from the Primghar Fire Department.

I authorize investigation of all statements contained herein and the references listed, to give you any and all information concerning my employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Applicant's Signature: _____ Date: _____

APPLICANT APPROVAL

The applicant, _____, has been approved as a firefighter member by the Primghar Fire Department members in accordance with the Bylaws.

SIGNATURES:

Chief: _____ Officer: _____

Date: _____ Date: _____

FOR THE CITY OF PRIMGHAR

The City Council of Primghar has taken the following action on this day _____.
The above applicant has (been / not been) approved for appointment as a firefighter on the Primghar Fire Department.

SIGNATURE:

City Clerk: _____

Date: _____