



APPLICATION

FOR WEST BURLINGTON FIRE DEPARTMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Firefighter</div>		Date of Application	
Last Name		First Name	
Middle Name			
Address		City	
		State	
		Zip Code	
Telephone Number(s)		Social Security Number	
		____/____/____	

Best time to contact you at home is: _____:_____ am. /pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you prevented from lawfully becoming employed in this country? because of Visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever had any previous Fire Service Experience? Yes No
If Yes, Armed Services Paid Volunteer

Have you ever had any Emergency Medical Training? First Aid CPR ERT EMT Paramedic Other

List your Formal Education: _____

Do you have a valid Iowa driver's license? Yes No

Has your license ever been suspended or revoked? Yes No

Have you ever been convicted of a: Felony OWI Intoxication Drug Abuse Other

Do you realize that if you are accepted for membership in the Fire Department that a personal background investigation will be performed on you through the City of West Burlington Law Enforcement Agency? With this knowledge I do hereby give my consent to a background investigation, with the understanding that all information will be confidential. Yes No Request Interview .

Do you realize that the Fire Department is not a social organization or club, and that you will become a public servant if your membership is approved and that you will be expected to conduct yourself in an orderly and honorable manner at all times while on or off duty? Are you willing and do you realize that you will be expected to give freely of your time to attend fire and rescue calls, training classes, meetings, work on committees and/or perform any other emergency duty requiring the services of Fire Department? Yes No Have you read and do you fully understand the WEST BURLINGTON FIRE DEPARTMENT CONSTITUTION AND BYLAWS? Yes No Are you willing to live up to and enforce the standards set forth by the BYLAWS? Yes No

Do you understand that firefighters are required to submit to and pass a pre-employment physical before they can begin work? Yes No

Are you capable of performing in a reasonable manner, the activities involved in the job or occupation for which you have applied? YES NO

WORK EXPERIENCE

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant: Will Will Not be able to answer emergency calls while working.

Signature _____ Date Approved _____
Employer

State any additional information you feel may be helpful to us in considering your application.

Personal/Professional References Give three (3) references other than Members of the Fire Department, Immediate family members or close friends			
Name	Phone Number	Best Time to Call	Occupation
1			
2.			

3.			
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<p>Applicant's Statement</p> <p>I certify that answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such damage is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p>
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_____ Signature of Applicant _____ Date

Fire Department use only!

We the undersigned have investigated the character and references of this applicant as outlined in this application and the BYLAWS and feel that he/she would would not be an asset to the Fire Department.

Note: This application may not be acted on until completely filled out and signed by not less than three (3) members of the Organization Committee:

Chairman: _____ Date: _____

Remarks: _____

Signature of Fire Chief: _____ Date: _____

I have examined the above named applicant, _____ and find that to the best of my knowledge, no physical ailments or disabilities that would prevent the applicant from performing the duties of a Firefighter, or might be aggravated by the rigors of Fire Fighting.

Signature of Physician _____ Date: _____

Department voting results: Yes No Date approved by City Council _____