City of Mount Vernon Fire Department

VOLUNTEER FIREFIGHTER APPLICATION

DEMOGRAPHICS

Name: Last: _____ First: _____ MI: _____ Suffix: _____

Are you at least 18 years old? Y / N DOB: _____DL#_____ Class:_____ State: _____

SSN: _____-_____-_____

Phone: Home: _____ Cell: _____ Email: _____

Address: (If less than five (5) years at current residence please provide previous addresses)

_____

City: _____ State: _____ Zip: _____

Previous Address:

_____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Previous Address:

_____

City: _____ State: _____ Zip: _____ From: _____ To: _____

EDUCATION/WORK EXPERIENCE

High School Name: _____ City: _____ State: _____

Year Graduated _____ Degree/Area _____

College/Trade School Name: _____ City: _____ State: _____

Year Graduated: _____ Degree/Area _____

College/Trade School Name: _____ City: _____ State: _____

Year Graduated: _____ Degree/Area _____

Military Experience:

Branch: _____ Rank: _____ Assignment: _____ Dates: _____

Military Related Fire Service Training: _____

_____

EDUCATION/WORK EXPERIENCE CONT:

Fire/Rescue Experience:

Department: _____ City: _____State: _____

Rank: _____ Fire Service Training: _____

_____

Do you have any medical conditions that would prevent you from doing the physically demanding work of firefighting? Yes / No If yes please list: _____

EMPLOYMENT HISTORY: (Please provide your last three employers)

Current Employer: _____ Title/Position: _____

Phone Number: _____Hire Date: _____

Previous Employer: _____ Title/Position: _____

Phone Number: _____ Dates of Employment: _____ to: _____

Previous Employer: _____ Title/Position: _____

Phone Number: _____ Dates of Employment: _____ to: _____

AVABILITY:

Check the usual times when you would be available to respond to emergencies:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
12am-6am							
6am-12pm							
12pm-6pm							
6pm-12am							

Have you had a complete physical exam within the last two years? Yes / No

List any allergies: _____

Date of Last Tetanus Shot: _____

Do you have a vehicle that you can drive to training sessions and emergencies? Yes / No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? Yes / No

Has your driver's license been suspended or revoked within the past five years? Yes / No

Do you have any felony convictions or DUI violations? Yes / No

Are you currently under investigation by any law enforcement agency? Yes / No

In Case of Emergency, Notify_____ Relationship: _____

Phone: _____

LIST 3 REFERENCES: Name Address Telephone No.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree to the City of Mount Vernon performing a background and criminal history search.

I agree that I will obey all laws, rules, and regulations, and follow the operational guidelines as prescribed by the fire department.

I live within Franklin County and less than twenty (20) minutes from the Mount Vernon Fire Station

I understand that I will be subject to random drug screening at anytime without notice.

I understand that I will be on probation for a minimum of six (6) months and may be excused from the department with no fault or liability. Probation period may be reduced depending on previous fire/rescue experience.

Print Name: _____ Signature: _____

Date: _____

For Internal Use

Date Received: _____ Date Approved: _____ Probation Start / End: _____/_____