

Application for Membership In the Brookings Volunteer Firefighter's Association, Inc.

**Deliver to: Brookings Fire Department
607 20th Avenue
Brookings, SD 57006**

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions legibly and signed the back of the application. Use blank paper if you do not have enough room on this application. **PLEASE PRINT or TYPE**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Phone Numbers - Home	Work	Cell	Social Security Number
Driver's License Number	State Issued	Expiration Date	
Date of Birth:	Age	Maiden Name or other alias, if applicable	

EDUCATION:

Please circle the highest year of education completed:

6 7 8 9 10 11 12

Years of Higher Education:

1 2 3 4 5 6 7

List School Name, City and State, Major in College:

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please give month and year.

Name of Employer _____ Supervisor _____

Employer Address _____ City _____ State _____

Phone _____ Title _____ Length of Employment _____

Name of Employer _____ Supervisor _____

Employer Address _____ City _____ State _____

Phone _____ Title _____ Length of Employment _____

Name of Employer _____ Supervisor _____

Employer Address _____ City _____ State _____

Phone _____ Title _____ Length of Employment _____

Are you presently employed? _____ Yes _____ No

If yes, whom do you suggest we contact? _____

List three (3) personal references, not relatives or former employers.

Name	Address	Phone	Best time to Contact

List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates:

Special Skills

What machines or equipment can you operate that are related to membership in the Brookings Volunteer Firefighters Association, Inc.

Are there any hours or days you cannot work? _____ Yes _____ No

If yes, specify hours and days _____

Have you had a history or been convicted of a crime related to aggressive behavior, assault or violence? _____ Yes _____ No

Have you had a history or been convicted of a crime involving sexually exploitive behavior, sexual abuse involving children or been required to register as a sex offender?
_____ Yes _____ No

If yes, please explain: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, give details _____

List any violations, other than minor traffic offenses, for which you were convicted in a court of law. One or more convictions may not necessarily disqualify you from volunteering or being approved. The decision, however, will be based on a number of factors such as the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recentness of the offense, etc. Please be complete. All information is subject to verification.

Offense	Place	Date	Disposition (sentence)

Please use extra paper if additional information is required for any response.

Please Note: A felony conviction of record automatically disqualifies you from membership in the Brookings Volunteer Firefighter Association, Inc.

Employers Authorization to Respond to Fire Calls

The undersigned applicant's employer acknowledges that at the tone, applicant will be allowed to leave their place of employment and respond to the fire call.

Employer's Business Name and Address (Please Print)

Name of Supervisor (Please Print)

Supervisor's Telephone Number

Title of Supervisor (Please Print)

Supervisor's Signature

Date

Firefighter Sign Off:

The Firefighter is expected to adhere to all City of Brookings policies and to act as a role model in the adherence to city policies.

I have read and understand this expectation and job description.

Firefighter Signature

Date

For official use only:

Background check completed by _____ on _____.
System(s) used for background check (minimum of one must be checked):

Sex offender registry ____ Criminal History Records to include MVR ____ References ____
Only attach to this application, copies of background check reports that reveal convictions of this applicant.

Applicant Statement – Please Read and Sign Below

As part of the Volunteer Firefighter Application process, we may be checking your background relative to job and personal references, motor vehicle record check, criminal record, credit, and/or social services record. In order to do that, we must have your authorization.

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that this investigation into my background may include a review of sex offender registries, child abuse, criminal history records and/or a motor vehicle record check. I understand that this check will determine, in part, my eligibility for appointment to a volunteer position within this organization. The undersigned hereby authorizes any state department of social services, any police department, and the City of Brookings to obtain and/or release any and all information regarding the social services, work credit, motor vehicle record information or criminal history of the undersigned applicant for consideration for volunteering for the Brookings Fire Department. I hereby release and agree to hold harmless from any and all liability, the Brookings Volunteer Firefighter's Association and the City of Brookings, to include any employees, officers and/or members, or any other person, organization, employer, or reference that may provide such information on account of compliance with this authorization. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. If appointed, I understand that at any time I am subject to suspension, removal, or other discipline for violation of City of Brookings applicable policies/principles. I certify that the information provided by me is true and accurate, to the best of my knowledge. The undersigned understands that misrepresentation or omission of facts called for in the application is cause for cancellation of the application and may result in immediate dismissal from my volunteer service status.

I understand that if I am extended an offer of membership, it may be conditioned upon my successfully passing a complete pre-membership physical examination. I give my consent to any pre-membership or post-membership health screenings, physical limitations testing, examinations, and/or any other requirements of the Brookings Volunteer Firefighters Association, Inc., if an offer of membership has been given. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre or post membership alcohol/drug screen as a condition of membership, if required.

I further acknowledge and understand that all members of the Brookings Volunteer Firefighters Association, Inc., are required to conduct themselves in accordance with all applicable rules, regulations and by-laws of the corporation.

I further acknowledge and understand that membership in the Brookings Volunteer Firefighters Association, Inc., is limited and that there may be a waiting period before this application is considered. I agree to immediately inform the Brookings Volunteer Firefighters Association, Inc., of any changes in address, contact information or employment. I acknowledge and understand that failure to comply with this requirement may result in my application being cancelled or otherwise not considered.

In order for this application to be considered, the Applicant Statement must be read and signed.

Signature

Date