

DEAR APPLICANT:

Attached is an application for membership in the Brookings Volunteer Fire Fighters Association, Inc. in which you have expressed an interest in becoming a member.

The history of the present volunteer organization dates back to 1888 when it consisted of twenty members. On September 7, 1979, the present organization was incorporated as a non-profit corporation which has as its primary function the providing of fire protection to the residents of the Brookings Community and the surrounding rural areas. This organization is comprised of a maximum of forty-five volunteer members who are responsible for responding to all fire calls under the direction of a paid Fire Chief and Deputy Fire Chief employed by the City of Brookings.

The Volunteer Fire Fighter's Association also provides a service to the community by maintaining a rescue unit that responds when called to assist in emergency evacuations and other live-saving operations.

Membership in the Brookings Volunteer Fire Fighters Association, Inc. demands a great deal of time and energy and careful consideration of this fact should be given by you prior to submitting your application. The following will be required of you as a firefighter:

- 1. Physical fitness and strength requirements necessary to allow you to perform as a competent firefighter, ensuring not only your own safety, but also the safety of your fellow firefighters.**
- 2. You will be on call twenty-four (24) hours a day, seven (7) days a week.**
- 3. All members are required to obtain permission from their respective employers to be allowed to leave their place of employment and respond to the fire call. The application contains a section where your employer, if applicable, must sign authorizing you to leave your place of employment**
- 4. You will be required to complete the South Dakota State Certified Firefighter Course.**
- 5. In addition to attendance at monthly meetings, all members are required to attend regular and special training provided to the membership in order to continually enhance and improve the fire fighting and rescue abilities of the Association. You are required to attend a minimum of fifty percent (50%) of fire calls and other required functions combined. Regularly scheduled functions are as follows:**

- a. **Membership meeting and supper the first Tuesday of each month.**
- b. **Brookings Fire Department (BFD) Rescue Squad training the second Tuesday of each month.**
- c. **General fire department training the third Tuesday of each month.**
- d. **County search and rescue training the fourth Tuesday of each month.**
- e. **One 2-day all department school held one weekend in March each year.**
- f. **Two nights of ticket sales in October for fund raising.**

Attendance at the membership meeting and supper the first Tuesday of each month is required, along with the general fire training the third Tuesday of each month. The rescue training is only required if you choose to be on the Rescue Squad.

6. **The probationary period encompasses a total of one (1) year. At the end your one (1) year probationary period your membership will be voted on again.**
7. **You will be a firefighter in training (red hat) until you have completed your one (1) year probationary period and the certified firefighter course. This is a training period and you will not be allowed to drive to fire or don self-contained breathing apparatus (SCBA) and enter working fire.**
8. **All things seen and heard at fires, training, work nights, and meetings are considered confidential and will not be shared with anyone outside the department.**
9. **You will get back as little or as much as you are willing to put in. There are many other additional training opportunities available throughout the year that you are strongly advised to attend.**

All applications will be considered in the order received. Please note, however, that as the Association is limited to forty-five members, new members will not be considered until there is a vacancy and in most cases, there will be a substantial waiting period before your application will be considered. Consequently, it is extremely important that you continue to update your application if there are any changes in address, contact information, or employment. You must obtain from any subsequent employers their authorization as required by the application and have that authorization made a part of your original application. Failure to update your application as required may result in your application being cancelled or otherwise not considered.

Thank you for your interest.

BROOKINGS VOLUNTEER FIRE FIGHTERS ASSOCIATION, INC.

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

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

For official use only: Date Reviewed _____ Signature of Secretary _____ _____
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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	
Present Street Address	City	State	Zip Code
Telephone Numbers		Social Security Number	
Home#:			
Work #:	Cell #:		

List other name(s) you may have worked under: _____

Age: _____ Date of Birth: _____
month/day/year

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

If yes, specify hours and days _____

Have you ever applied here before? Yes No If yes, when _____

Were you ever a prior member? Yes No If yes, when _____

Have you ever been convicted of a felony? Yes No

If yes, give details _____

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

Education and Training

Name(s) and Addresses of Schools	Indicate Years Completed	Graduated Yes or No	GED or Type of Degree	Course of Study List Majors/Minor(s)	Expected Month/Year of Completion
High Schools					
Undergraduate College(s)					
Graduate School(s)					
Technical, Business, Correspondence, etc.					

Use this space to identify any other education experiences you have had which you believe are pertinent to this membership. Include workshops, seminars, military or vocational training, etc., which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.)

List internships _____

Did you receive credit towards your degree/diploma? Yes No

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.

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

Driver's License Number _____ Class of License _____ Issuing State _____

Have you had your driver's license suspended or revoked in the last 10 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion national origin, sex, age, disability or other protected status.) _____

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all period 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
Address include City, State, Zip	Employed from (mo/yr) to (mo/yr)
Telephone	Title
Duties	Reason for Leaving
Name of Employer	Supervisor
Address include City, State, Zip	Employed from (mo/yr) to (mo/yr)
Telephone	Title
Duties	Reason for Leaving
Name of Employer	Supervisor
Address include City, State, Zip	Employed from (mo/yr) to (mo/yr)
Telephone	Title
Duties	Reason for Leaving

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

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

Name	Address	Phone	Best time to Contact

Use this space below for any additional pertinent information.

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

**Applicant Statement
Please Read and Sign Below**

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment.

Undersigned applications will not be considered.

I further authorize the investigation of any or all statements contained in this application to include a criminal history background check and verification of motor vehicle driving history. I also authorize, whether listed or not, any person, school, current employer, past employers and organization to provide relevant information and opinions that may be useful in make a decision. I release such persons and organizations from any legal liability in making such statements.

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 no considered.

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

Signature

Date

Authorization for Reference Requests (sign below)

I have applied with the Brookings Volunteer Firefighters Association, Inc., for membership and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to the Brookings Volunteer Firefighters Association, Inc., on their request for references in regards to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the references information.

Signature

Date