

POST MOUNTAIN VOLUNTEER FIRE DEPARTMENT
P.O. BOX 184 , HODGEN ,OK 74939
Application for
Volunteer Firefighter

LAST NAME FIRST MIDDLE HOME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

ARE YOU OVER 18 YEARS AND UNDER 70 YEARS? YES ___ NO ___

HOW LONG AT PRESENT ADDRESS? ___ YEARS ___ MONTHS

PREVIOUS ADDRESS: _____

HOW LONG AT PREVIOUS ADDRESS? ___ YEARS ___ MONTHS

Employment

PROVIDE INFORMATION ON PRESENT EMPLOYER AND LAST TWO EMPLOYERS:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR
			FROM: TO:
			FROM: TO:
			FROM: TO:

Personal Information

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA ___ G.E.D. ___

COLLEGE AND/OR TRADE SCHOOL: _____ YEAR COMPLETED: _____

FIRE SERVICE EXPERIENCE: _____

EMERGENCY MEDICAL EXPERIENCE: _____

CERTIFIED EMT: YES ___ NO ___ LEVEL ___ CERTIFICATE #: _____

CERTIFIED 1ST RESPONDER: YES ___ NO ___ CERTIFICATE #: _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____

DO YOU HAVE A VALID OKLAHOMA DRIVERS LICENSE? YES ___ NO ___ LICENSE #: _____

DO YOU HAVE A CHAUFFEURS LICENSE? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION?

YES _____ NO _____

IF YES, PLEASE EXPLAIN:

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

References

PLEASE PROVIDE THE NAMES OF THREE REFERENCES OTHER THAN RELATIVES:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

WHY DO YOU WANT TO BECOME A FIREFIGHTER? _____

ARE YOU AWARE THAT THE FIRE DEPARTMENT IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND FIRES, MEETINGS, DRILLS, AND WORK ON COMMITTEES? _____

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE POST MOUNTAIN VOLUNTEER FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURE OF APPLICANT:

DATE:

This form must be Notarized.

BACKGROUND WAIVER

I _____, _____
Print Applicant Name Date of Birth

_____, _____ am an applicant for a position with
Driver License Number Social Security Number
Post Mountain Volunteer Fire Department . I hereby authorize and direct your organization and employees to release any and all information that you may possess or obtain about me, including information which may be deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge you, your organization, its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will be completely confidential. You may retain a copy of this form for your files.

Dated this _____ day of _____, in the City of _____

Notary Public for the State of Oklahoma

My Commission expires the _____ day of _____, 20____.

Note: A photocopy reproduction of this request shall be for all intent and purposes as valid as the original. You may retain this form for your files.