

Rockton Fire Protection District



Application for Membership

Rockton Fire Protection District

Mission Statement



The Rockton Fire Protection District is dedicated to protecting the lives and property of the people in the district from man-made and natural emergencies by providing a range of services that include, but are not limited to:

Emergency Medical Services
Fire Suppression and Rescue
Fire Prevention
Hazardous Materials Response

Public Education

Decisions and actions of the members will be in a competent, professional, efficient, safe, and fiscally responsible manner while reaching into the future but never forgetting the past.

*Are values are based on:
Loyalty-Pride-Tradition*

EDUCATION:

School	Name and Location	Course of study	# Years completed	Did you Graduate ?	Degree or Diploma
High School		----- -----			
GED					
Business / Trade					
Technical					
College					
Graduate					

Please give accurate, complete full-time and part-time employment history including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using same format.

EMPLOYMENT:

Company Name:	Telephone:
Address:	Employed From: From:_____ To:_____
Supervisor:	Reason for Leaving:
Job Title:	
Job Description:	

Company Name:	Telephone:
Address:	Employed From: From:_____ To:_____
Supervisor:	Reason for Leaving:
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Job Description:	

Company Name:	Telephone:
Address:	Employed From: From:_____ To:_____
Supervisor:	Reason for Leaving:
Job Title:	
Job Description:	

List any past Fire or EMS training:

Basic Operations Firefighter / Firefighter II Date of Completion: _____	Advanced Firefighter / Firefighter III Date of Completion: _____
Emergency Medical Technician / Basic Date of Completion: _____	Emergency Medical Technician / Paramedic Date of Completion: _____
Other: Date of Completion: _____	Other: Date of Completion: _____
Other: Date of Completion: _____	Other: Date of Completion: _____

List any Specialized Training:

Type: Date Completed: _____
Type: Date Completed: _____

Have you been terminated from employment or asked to resign from a job within the past 5 years?
 Circle one: **YES** **NO**
 If yes, explain:

Have you ever been convicted of any violation of law (excluding traffic offenses) within the past 5 years, which may have been annulled, expunged or sealed by the court? Include any pleas of "guilty" or "no contest." (A conviction will not necessarily disqualify an applicant from membership)
 Circle one: **YES** **NO**
 If yes, please explain:

Do you have a valid drivers license? (Circle one) **YES** **NO**
 Drivers License Number: _____ State: _____ Class: _____
 Have you had your license suspended or revoked within the past 5 years? (Circle one) **YES** **NO**
 If yes, please explain:

Give three (3) references, not relatives, who have definite knowledge of your business or professional qualifications for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment history.

Name and Relationship	Contact Information / Phone Number
1.	
2.	
3.	

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Rockton Fire Protection District may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership 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 passing a physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand I may be required to successfully pass a drug screen examination. I hereby consent to a drug screen as a condition of membership.

I UNDERSTAND THAT THIS APPLICATION FOR MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements:

Signature: _____ Date: _____

Release and Hold Harmless Agreement

As part of the testing process, a physical ability test will be administered. This is designed to test your capacity to perform duties that are required of you as a firefighter. This test is rigorous and will make serious demands on your physical capacity, particularly your cardiovascular system (i.e. your heart, lungs and blood vessels.)

If you know or suspect you have any condition or impairment that may render you susceptible to injury as a result of this test, DO NOT TAKE THIS TEST!

You should also understand that while the test is not designed to be hazardous it does present conditions that can cause or lead to injuries.

The undersigned, having applied for membership to the Rockton Fire Protection District, acknowledges that he/she has been advised of the strenuous and rigorous nature of the district’s agility test, and that he/she understands that it will seriously tax his/her physical capacity, particularly the cardiovascular system. The undersigned certifies to the Rockton Fire Protection District that he/she is capable of taking such test with no ill effects.

The undersigned hereby releases and agrees to hold harmless the Rockton Fire Protection District, including its Trustees, officers employees, members and agents from any liability whatsoever which may occur to the undersigned as a result of taking such test. Additionally, the undersigned hereby releases the Rockton Fire Protection District, including its Trustees, officers, employees, members and agents from any liability whatsoever that may occur to the undersigned as a result of engaging in activities that are part of the recruit academy training process.

Date

Applicant’s Signature

Certification of Honesty

By signing below, I certify that I have not withheld any information that might adversely affect my chance for membership with the Rockton Fire Protection District and that all information I have given is true and correct. I understand that any omission or material misstatement on my application, resume or other document submitted in support of my application, or during any screening process or interview, shall be grounds for rejection of my application, or, if discovered after becoming a member for discipline up to and including immediate dismissal. I understand that any offer of membership by the district may be contingent upon the results of a reference and background check, post offer physical, drug/alcohol test or other pre-employment testing.

Date

Applicant's Signature

Authorization for Background and Reference Check

I authorize the Rockton Fire Protection District to thoroughly investigate my references, work record, education, criminal record and any other matters relevant to my suitability for membership. I also authorize my former employers to disclose to the Rockton Fire Protection District, or to anyone acting on behalf of the district, any of my employment records, including my disciplinary reports and letters of reprimand.

Without giving me notice of such disclosure I hereby fully release and discharge the district, former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to this investigation or disclosure made therein.

Date

Applicant's Signature

END OF APPLICATION
REVISED OCTOBER 2015