

# HEBRON FIRE/RESCUE



## VOLUNTEER APPLICATION

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NAME

*The mission of Hebron Fire/Rescue is to provide the highest level of fire protection & rescue to the community.*

*This shall be accomplished with a team of professional volunteers, by providing fire prevention, public education, emergency operation & planning.*

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examinations of appointment. Any false statements on this application will be considered sufficient cause for dismissal.

<b>DATE:</b> _____	<b>APPLICATION FOR THE POSITION OF FIREFIGHTER</b>
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LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
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STREET ADDRESS	CITY	STATE	ZIP	YRS. AT ADDRESS
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HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____	PREVIOUS ADDRESS (IF APPLICABLE) STREET _____ CITY _____ STATE _____ ZIP _____
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ARE YOU OVER THE AGE OF 18?     YES     NO    DATE OF BIRTH \_\_\_\_\_

TYPE OF SCHOOL	NAME & LOCATION	YEARS ATTENDED	DEGREE, CERTIFICATE
HIGH SCHOOL			
COLLEGE			
TECHNICAL			
OTHER			

**DRIVER RECORD**

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	ENDORSEMENTS
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Has your driver's license ever been suspended, revoked or placed on court probation?     Yes     No  
 If yes, list & describe the circumstances.

\_\_\_\_\_

\_\_\_\_\_

Do you have any restrictions on your license?     Yes     No  
 If yes, please list.

\_\_\_\_\_

\_\_\_\_\_

List and describe circumstances of each motor vehicle accident in which you have been involved. State if you received a traffic summons and if any injuries resulted.

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

PRESENT EMPLOYER	SUPERVISOR'S NAME	SUPERVISOR'S PHONE:			
WORK ADDRESS:		POSITION HELD:			
WORK SCHEDULE		YEARS WITH EMPLOYER:			
STRAIGHT DAYS	STRAIGHT AFTERNOONS	STRAIGHT NIGHTS	SWING SHIFT		
SHIFT LENGTH			CAN YOU LEAVE WORK TO ATTEND FIRE CALLS?		
8 HOUR SHIFT	10 HOUR SHIFT	12 HOUR SHIFT	24 HOUR SHIFT	YES	NO

### IF LESS THAN FIVE (5) YEARS WITH PRESENT EMPLOYER, LIST PREVIOUS EMPLOYER(S)

EMPLOYER NAME	ADDRESS	PHONE	REASON FOR LEAVING

  

EMPLOYER NAME	ADDRESS	PHONE	REASON FOR LEAVING

### FIRE FIGHTING EXPERIENCE & TRAINING

Have you previously been a member of one (1) or more Fire Departments?     Yes     No

DEPARTMENT NAME	ADDRESS/PHONE	YEARS OF SERVICE

Have you attended any fire fighting or emergency medical schools previously?     Yes     No  
IF YES, PLEASE INCLUDE ALL COPIES OF CERTIFICATES WITH THIS APPLICATION.

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.

\_\_\_\_\_

\_\_\_\_\_

Are you aware that Hebron Fire Rescue is not a social club and that as a member, you will be required to give freely of our time to attend fires, meetings, training and work on committees?    \_\_\_\_\_please initial.

Why do you wish to join Hebron Fire Rescue?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
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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 AND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATIONS OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE HEBRON FIRE RESCUE TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN. I UNDERSTAND AND AGREE MY MEMBERSHIP IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANYTIME FOLLOWING THE PROCEDURES SET IN THE BY-LAWS. FURTHERMORE, I UNDERSTAND THAT A SKILL AND APTITUDE TEST MAY BE REQUIRED.

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SIGNATURE OF APPLICANT