

Name: _____

SOUTHWEST RURAL FIRE PROTECTION DISTRICT



APPLICATION FOR MEMBERSHIP

Date Accepted: _____

TO APPLICANTS OF SOUTHWEST RURAL FIRE DISTRICT:

- **SOUTHWEST IS AN EQUAL OPPORTUNITY EMPLOYER (EOE)**
 - **SOUTHWEST RURAL FIRE DISTRICT IS A DRUG-FREE
WORKPLACE**

FROM: MEMBERSHIP COMMITTEE

Thank you for your interest in the Southwest Rural Fire District. Your Application must go through several steps before you can be accepted on the department.

1. The applicant is required to obtain and abstract of his/her driving and police records. These are to be submitted with the application.
2. The applicant will then be contacted when a recruit class is about to begin to see if the applicant is still interested in becoming a member.
3. The applicant's application will then go to a approval process from the membership committee and the Chief Officers of the Department.
4. If the Board approves the applicant, the membership committee will contact the applicant to notify them.
5. The applicant will be contacted, and informed of a date for an orientation for all new members of the department.

Again, thank you for your interest in the Southwest Rural Fire District.

Sincerely,

Membership Committee

Name (Last, First, M.I.): _____

Address: _____ S.S.N. #: _____ - _____ - _____

City, State & Zip: _____ Date Of Birth: _____

If accepted, can you provide proof that you are at least 18 years of age: _____

Are you legally authorized to work in the U.S.? _____

Home Phone: _____ Drivers License #: _____ State: _____

Work Phone: _____ Auto Insurance Company: _____

**ATTENTION: AS A MEMBER OF SOUTHWEST RURAL FIRE
PROTECTION DISTRICT YOU MUST HAVE AUTO INSURANCE AT
ALL TIMES DURING MEMBERSHIP.**

Have you ever been in a Motor Vehicle Accident: _____

If yes, please describe in detail: _____

Have you ever received any traffic tickets within the last (6) years: _____

If yes, please describe in detail: _____

Have you ever been convicted of any offense other than a minor traffic violation:

If yes, please describe in detail: _____

EDUCATION:

High School/GED: _____

School Address: _____

Year of Graduation: _____

College: _____ **School Address:** _____

Major: _____ **Year of Graduation:** _____

Other: _____

Certifications/ Training

Do you have the following Certifications?

CPR _____ **Expiration Date:** _____

First Responder / EMT-B / EMT-I / EMT-P or Higher _____

Registry Number: _____

Fire Fighter I or II: _____ **State Proboard number:** _____

COPIES OF CIRTIFICATIONS REQUIRED UPON ACCEPTANCE

Members are required to obtain an EMT-B Certificate within two (2) Years of

appointment, are you willing to obtain your EMT-B: _____

Supplemental Questions

Do you have any friends or relatives on the Fire Department? _____

If yes, who? _____

Have you previously applied for the Southwest Rural Fire District: _____

When was the last time you applied: _____

Describe any Fire/Rescue training that you have participated in (Example School, Military, Fire Department, Etc. Use additional page if necessary): _____

Do you have any Fire/ Rescue Experience: _____

Please list any skills which you feel relate to this position: _____

Why do you want to become a member of the Southwest Rural Fire District: _____

What hours are you available to respond to emergency calls? _____

Approximate minutes from home to Fire Station: _____

The Southwest Rural Fire District holds training, scheduled work nights, meetings and etc every Tuesday of every week, per the department SOG's you are required to make at least % 75 of all trainings and meetings per year. Will you try to make all of the trainings:** _____

Employment history/ Work Experience
PLEASE LIST ALL OF YOUR EMPLOYERS FOR THE LAST FIVE (5)
YEARS INCLUDING YOUR PRESENT ONE. USE AN ADDITIONAL
SHEET IF NECESSARY.

Present Employer: _____

Supervisor's Name: _____ **Phone:** _____

Address: _____ **Job Title:** _____

Dates Employed: _____ **Total Time Employed:** _____

Working Hours per week: _____

Specific Duties:

Does business take you out of town? _____

If yes, please explain normally what hours are you out of town: _____

May we contact your employer? Yes _____ **NO** _____

Past Employer #1: _____

Supervisor's Name: _____ **Phone:** _____

Address: _____ **Job Title:** _____

Dates Employed: _____ **Total Time Employed:** _____

Working Hours per week: _____

Specific Duties:

Past Employer #2: _____

Supervisor's Name: _____ **Phone:** _____

Address: _____ **Job Title:** _____

Dates Employed: _____ **Total Time Employed:** _____

Working Hours per week: _____

Specific Duties:

Past Employer #3: _____

Supervisor's Name: _____ **Phone:** _____

Address: _____ **Job Title:** _____

Dates Employed: _____ **Total Time Employed:** _____

Working Hours per week: _____

Specific Duties:

Please list your Military Service if applicable

Branch of Service: _____

Reserve Status: _____

Attendance requirements if in the Reserve or Guard: _____

I attest that my answers herein are true and complete to the best of my knowledge. I understand that any false or misleading information provided may result in my disqualification as an applicant or, if accepted for membership, dismissal from the Department. Finally, I understand and agree to abide by the conditions for membership outlined in the cover letter accompanying this application.

Signature: _____ **Date:** _____

Received By: _____ **Date:** _____