

North Logan Fire Department

Application for Volunteer Firefighter/EMT

(Must be typed or written clearly with ink pen)

 LAST NAME FIRST MIDDLE PHONE #

 STREET ADDRESS CITY STATE ZIP CODE

ARE YOU OVER 18 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 FIREFIGHTER: YES ___ NO ___ LEVEL OF CERTIFICATION _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____

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

DO YOU HAVE A VALID UTAH CDL LICENSE? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED FOR 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/EMT? _____

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, HAZ-MAT EMERGENCIES, MEDICAL EMERGENCIES, MEETINGS, TRAINING 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 NORTH LOGAN CITY AND NORTH LOGAN 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 am an applicant for the position of Firefighter / EMT with North Logan City and North Logan 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 that 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 _____

County of _____ State of _____

Date of Birth

Applicant's Name

Applicant's Social Security #

Applicant's Drivers License #

Signature of Applicant

*SUBSCRIBED AND SWORN TO before me on the _____ day
of _____, 20____.*

Notary Public for the State of Utah

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

Background check is requested by: _____
Jon Keller
Fire Chief

Background checked by: _____ Date: _____

- () No information available.
- () Information attached, and forwarded to Recruitment and Retention Officer

This form must be notarized.

**** CONFIDENTIAL ****

North Logan City
North Logan Fire Department
Attn: Recruitment and Retention Officer
2005 N. 1200 E.
North Logan, UT 84341
(435) 755-5739

**AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)**

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish North Logan City and North Logan Fire Department with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, and my financial and credit status. Please include any and all records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist North Logan City and North Logan Fire Department in determining my qualification and fitness for the position I am seeking with North Logan Fire Department.

I hereby release you, your organization and others from any liability or damage that may result from furnishing the information requested.

Date

Applicant's Signature

of _____, 20____.

Notary Public for the State of Utah

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.