

APPLICATION TO FORT CALHOUN FIRE/RESCUE

REV. 5

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(Optional)

Address: \_\_\_\_\_ Within Fire District? \_\_\_ Yes \_\_\_ No

Home Phone Number: \_\_\_\_\_ Work number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours that you work? \_\_\_\_\_ Does this vary? \_\_\_ Yes \_\_\_ No

Do you have experience in fire fighting and /or rescue? \_\_\_ Yes \_\_\_ No

If "YES" Please give details below---

\_\_\_\_\_  
\_\_\_\_\_

If you are not experienced, are you willing to serve on the department and take the necessary training? (Firefighter I must be completed within the first year)

\_\_\_ Yes \_\_\_ No

Do you have a current or past EMT Certification ? \_\_\_\_\_ Current \_\_\_\_\_ Past \_\_\_\_\_ None

If experienced are you willing to serve on the Rescue Squad and maintain your continuing training hours? \_\_\_ Yes \_\_\_ No

Do you have a current AHA CPR Card? \_\_\_ Yes \_\_\_ No

If you are experienced, are you willing to serve on the Rescue Squad and take the necessary training? (must be a Firefighter to serve on the squad, training is approx. 110 hours)

\_\_\_ Yes \_\_\_ No

I feel physically able to perform all aspects of fire fighting, including respirator (SCBA) use, and have not abused alcohol or drugs (legal or illegal), nor had any traffic violations or criminal charges. (IF SO PLEASE EXPLAIN ON BACK OF THIS APPLICATION) -----

Your Initials \_\_\_\_\_

I ATTEST that the above statements are truthful and correct and understand that Random Drug Testing could be conducted on any member.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF SPONSORING MEMBER \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Committee Review: \_\_\_\_\_ Date Voted: \_\_\_\_\_

# RELEASE AUTHORIZATION

This form may be reproduced for restocking

APPLICANT: This release must be filled out completely for your application to be considered. (Please Print)

Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Maiden/Previous Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date Of Birth

\_\_\_\_\_  
State Issuing & Driver's License Number

\_\_\_\_\_  
Race & Sex - FL, GA, RI

In connection with my application for membership with the Fort Calhoun Fire and Rescue Department, I authorize any insurance company, employer, educational institution, law enforcement organization, state and federal government agency, information service bureau, medical facility, and other persons contacted to release information regarding my character, performance, qualifications, background, and reasons for termination of past employment to the Fort Calhoun Fire and Rescue Department or its agent and release all parties involved in providing said information from any responsibility or liability.

I also authorize the release of my driving history, criminal history, worker compensation records and investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. I understand that membership in the Fort Calhoun Fire and Rescue Department is solely that of the Department and is by popular vote of the members although said decision may be based upon the information obtained. I release the Fort Calhoun Fire and Rescue Department, the Fort Calhoun Rural Fire Protection District, the City of Fort Calhoun, the Washington County Sheriff's Office and all members and officers of said organizations from any and all liability surrounding or related to the membership to the Fort Calhoun Fire and Rescue Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



The Background Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security #\* \_\_\_\_\_ Date of Birth\* (MM/DD/YYYY) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

All Previous Addresses in the Last Seven Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used for any other purpose.

ACKNOWLEDGEMENT  
OF  
DRUG FREE WORKPLACE POLICY

FORT CALHOUN RURAL FIRE PROTECTION DISTRICT  
FORT CALHOUN FIRE AND RESCUE DEPARTMENT

Applicants for probationary and active member status of the Fort Calhoun Fire and Rescue Department are required to acknowledge that they have read and will abide by the Drug Free Workplace Policy of the Fort Calhoun Fire Protection District.

I certify that I have read and will abide by the Drug Free Workplace policy of the Fort Calhoun Rural Fire Protection District.

Name

(print) \_\_\_\_\_ (signature) \_\_\_\_\_

(date) \_\_\_\_\_

**FORT CALHOUN FIRE AND RESCUE DEPT.  
Fire Fighter Job Description**

**NATURE OF WORK**

Performs fire fighting and rescue operations; provides basic life support; trains in modern fire and rescue techniques, and in the use of fire and rescue equipment. Performs general maintenance and inspection of fire and rescue apparatus, equipment, and fire station facilities.

This is a highly responsible and professional work in fire fighting and rescue operations. Work is performed under extreme conditions including dangerously high temperatures for extended amounts of time where vision may be totally obscured at times while fighting fires.

**SPECIFIC JOB DUTIES**

Carries or drags charged and uncharged hose lines into burning structures, up and down stairs and ladders; holds charged hose lines and directs water streams or fog patterns at visible fire source.

Performs search and rescue operations to locate and evacuate trapped and injured victims from structures, vehicles, and other entrapments.

Makes forcible entries using an ax, pry bar, Jaws of Life, pike poles or portable saws to gain access or to ventilate.

Provides basic life support to sick or injured victims and assists victims in ascending or descending ladders or carries victims as appropriate. Includes maintaining American Heart Association CPR certification.

Operates a variety of fire and rescue equipment such as jaws of life, power saws and chisels, axes, hydrant wrenches, hose clamps, etc.

Performs salvage and overhaul operations, carrying burning and smoldering furniture out of a structure; uses axes, pike poles, shovels, buckets and brooms to remove debris to a safe area and wetting down debris to ensure extinguishment.

Participates in fire and rescue training sessions and demonstrations. Including attendance at a minimum of 6 fire drills annually. More specifically refer to the Constitution and By-Laws of the Department.

Drives fire apparatus and rescue squads in emergency and non-emergency situations.

Performs general maintenance and inspection of fire and rescue apparatus, equipment, and fire station facilities.