



## ***Application for Affiliation***

Tri-Community Volunteer Fire Department is an Equal Opportunity Employer and committed to the moral, ethical and legal employment practices regardless of an individual's race, color, religion, national origin, age, gender, disability or political affiliation. This application is a very important part of the examination process. Please answer all questions completely. A background check will be conducted. The intentional omission or falsification of any material fact will be just cause for disqualification of applicant on grounds of dishonesty. All job applications are a matter of public record, however, it is the policy of Tri-Community Fire Department to insure to the extent allowed by law that all personal information is held in the strictest confidence, property safeguarded and limited to valid regulatory and legal requirements.

Position Applying For: <input type="checkbox"/> Firefighter <input type="checkbox"/> Apprentice <input type="checkbox"/> Staff <input type="checkbox"/> Medical				
<b>PLEASE PRINT AND FILL IN ALL INFORMATION:</b>				
<b>Name</b> _____				
Last	First	Middle		
<b>Current Home Address</b> _____				
Street	City	State	Zip	
<b>Mailing Address</b> _____				
Street or P.O. Box	City	State	Zip	
Cell Phone # (_____) _____		Home Phone # (_____) _____		
Do you have a current valid driver's license? Yes _____ No _____ License number _____				
Class _____ State _____		Social Security # _____ - _____ - _____		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain and describe in full detail.				
_____				
_____				
Have you ever been a member or applied to this department before <input type="checkbox"/> Yes <input type="checkbox"/> No, if "Yes", give dates:				
_____				
Have you ever been a member of another fire department before <input type="checkbox"/> Yes <input type="checkbox"/> No, if "Yes", give dates:				
_____				
<b>Office Use Only:</b> Application Date: _____ Interview Date/Time: _____				

**EDUCATION**

School Name	Location	Years Attended	Degree Received	Major

Did you currently have a High School Diploma, GED or College Diploma [ ] Yes [ ] No, If YES, please provide copy

Other training, certifications or licenses held: \_\_\_\_\_

**EMPLOYMENT** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

Employer \_\_\_\_\_ Dates from/to \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Employer \_\_\_\_\_ Dates from/to \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Employer \_\_\_\_\_ Dates from/to \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Brief Job Description \_\_\_\_\_

May we contact the above employers [ ] Yes [ ] No

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

\_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC) \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE [ ] Yes [ ] No, if YES, provide dates \_\_\_\_\_ RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES [ ] Yes [ ] No

Give dates and locations of any auto accidents AND / OR moving violations you have been convicted of in the last three years \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

In the event of an emergency, please notify:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

KNOWING THAT FIREFIGHTING IS EXTREMELY DANGEROUS, AND IN THIS CASE, WITHOUT PAY, WHY DO YOU WANT TO BECOME A MEMBER OF THE TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES** List three (3) references that you have known at least six (6) months and are **NOT** related to and have not worked for.

1. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

1. TCVFD is a zero tolerance drug free work zone. Since we are public safety employees, all personnel are subject to drug screens at any time. No member or person allowed on TCVFD property, shall have in ones possession, or be under the influence of illegal substances, alcohol, or be a party to abuse of even prescription medications. All TCVFD property is subject to search at anytime.
2. TCVFD will not tolerate discrimination, harassment, or condone a hostile work environment of any kind to our members or those we serve in the community.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION IS GROUND FOR DISMISSAL IN ACCORDANCE WITH THE POLICY OF THE TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT. I ALSO HEREBY AUTHORIZE TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT TO COMPLETE ANY NECESSARY BACKGROUND ANALYSIS AND CONDUCT, AS NEEDED, A COMPLETE AND EXTENSIVE CRIMINAL HISTORY BACKGROUND CHECK AS WELL, AND AS A CONDITION OF CONTINUED EMPLOYMENT, I WILL CONSENT TO A DRUG SCREEN TEST WITHIN 48 HOURS OF BEING HIRED AND PAID FOR BY TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT. THE TESTING AGENCY IS AUTHORIZED BY ME TO PROVIDE THE RESULTS OF SUCH TESTS TO THE TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT. I UNDERSTAND THAT THE RESULTS OF SUCH TESTS WILL REMAIN THE PROPERTY OF THE TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT, AND WILL NOT BE USED FOR ANY UNAUTHORIZED PURPOSES.

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

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

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name

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**DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY**

**DATE ADMINISTRATION RECEIVED** \_\_\_\_\_

**INTERVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REMARKS** \_\_\_\_\_

**HIRED** [ ] YES [ ] NO

**ASSIGNED STATION** \_\_\_\_\_

**TCFD #** \_\_\_\_\_