

Dublin Volunteer Fire Department & EMS

2248 E. Cumberland Street P.O. Box 61

Dublin, IN 47335

Phone 765-478-1266

Fax 765-478-3259

Application for Membership/Employment

Please fill out each space completely. If an area does not apply to you, write NA in the space.

Please print legibly

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ ST: _____ ZIP: _____

HOW LONG AT CURRENT ADDRESS: _____

AGE: _____ DOB: _____ Marital Status: _____ SSN: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

CONTACT ADDRESS: _____ PHONE: _____

CURRENT EMPLOYER: _____ HOW LONG: _____

EMPLOYER ADDRESS: _____ JOB TITLE _____

SUPERVISORS NAME: _____ PHONE: _____

HOURS AND DAYS YOU WORK: _____

PREVIOUS EMPLOYER: _____ HOW LONG: _____

REASON FOR LEAVING: _____

DO YOU HAVE ANY PHYSICAL OR MEDICAL IMPAIRMENTS THAT WOULD PROHIBIT YOU FROM DOING YOUR JOB: (circle one) YES NO

IF YES PLEASE LIST IMPAIRMENTS: _____

PREVIOUS EXPERIENCE IN FIREFIGHTING OR EMS: (circle one) YES NO

IF YES, PLEASE DEPARTMENTS OR ORGANIZATIONS YOU HAVE SERVED WITH:

DEPARTMENT/ORGANIZATION: _____ DATES: _____

REASON FOR LEAVING: _____

DEPARTMENT/ORGANIZATION: _____ DATES: _____

REASON FOR LEAVING: _____

CERTIFICATIONS

EMS LICENSURE: _____ CERT #: _____ EXP: _____

FIREFIGHTER CERTIFICATIONS: _____ DATE: _____

LIST ANY OTHER FORMAL EDUCATION YOU HAVE RECEIVED:

MILITARY SERVICE

BRANCH: _____ DATES: _____ TO _____ TYPE OF DISCHARGE: _____

ARE YOU A MEMBER OF ANY RESERVE OR NATIONAL GUARD UNIT: YES NO

IF YES, WHAT BRANCH: _____

A copy of your certifications must accompany this application when submitted

Have you; ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding; ever been convicted, fined, imprisoned, or placed on probation; ever been ordered to deposit bail or collateral for the violation of any law or ordinance (excluding minor traffic violations), where a fine or forfeiture of \$50.00 or less was imposed? YES NO

IF YES, PLEASE GIVE DETAILS, INCLUDING DATES AND LOCATIONS:

HAVE YOUR DRIVING PRIVLEDGES EVER BEEN SUSPENDED, REVOKED OR REFUSED?

YES

NO

DRIVERS LICENSE #: _____ STATE: _____ EXP DATE: _____

REFERENCES

THREE CHARACTER REFERENCES (No Relatives Please) Fill out all required lines

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PLEASE READ BEFORE SIGNING

I have applied for employment, or acting as a volunteer with the Dublin Volunteer Fire Department, Inc. I understand that a pre-employment physical and drug testing may be necessary before appointment to the department as a probationary member. I understand that the Cambridge City Police Dept. will provide the Dublin Volunteer Fire Department with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Cambridge City Police Department it's employees from any claim for damages arising from the dissemination of inaccurate information. I agree that if accepted, I will abide by the Policies, Procedures, and Guidelines of the Department. I will attend the required amount of training and meetings and I will assist at department functions when possible. I further agree to obey all lawful orders from the Department Officers while on duty.

I understand that all Department issued equipment, including pagers, charger, badge, turnout gear, uniforms, keys, etc. issued to me, remains the property of the Dublin Volunteer Fire Department and that I shall return all such property to the Department when I resign, become inactive or my membership is terminated or suspended.

Applicants Printed Name: _____

Applicants Signature: _____

Date Signed: _____