



SIOUX CENTER FIRE DEPARTMENT

FIREFIGHTER APPLICATION



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prevent performance of essential job functions. SCFD policy requires that all fire fighters be legal residents of the United States and reside within the city limits of Sioux Center. To be considered for membership, applicants must be 18 years of age, have a valid driver's license and be of good moral character. Persons who are substance abusers or who have been convicted of a felony are not eligible to apply.

Personal Information

NAME (F/M/L): _____

Date: _____

ADDRESS: _____

DRIVER'S LICENSE NUMBER/STATE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

CURRENT EMPLOYER _____ OCCUPATION: _____

	YES	NO
Do you have a high school diploma or GED?		
Have you ever been convicted of a felony?		
Have you ever been convicted of a misdemeanor?		
Have you ever been convicted of a traffic offense?		
Do you possess a valid driver's license?		
Firefighter 1 / Hazmat class usually begin in November and run for 160 hours (required by State and Dept), would you be available for these required hours?		
Would you be able to leave work/home life/activities at a moment's notice?		
Have you spoken with and received permission from your employer?		
Would you be available on weekends/nights/holidays?		
Is there any time during the year which you would not be available for call, and why?		
List any previous firefighting experience		
Why would you like to become a firefighter?		
What qualities do you possess that you feel would help being a firefighter?		



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Please list 3 references that do not include family members		
Name	Relationship	Phone Number
1.		
2.		
3.		

Do you have any specific skills or traits (mechanical, accounting, computer, construction, etc)?		
What volunteer commitments, if any, have you successfully sustained in the past?		
Have you experience acrophobia or claustrophobia?		
Do you currently have a history of heart trouble?		
What shift do you currently work?	DAY	NIGHT

Emergency Notification

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

Applicant Acknowledgement

I understand that if I am elected to the Sioux Center Fire Department, I will undergo 3-12 months of probationary time during which my role at emergency calls will be limited. During this period, I will be expected to participate in regularly-scheduled training and to attend other department functions. My progress will be evaluated at the end of 3, 6, 9, and 12 months before a vote is taken to admit me to full membership. **I hereby certify that all statements in this application are true. I understand that any untrue statements may cause this application to be rejected and/or any appointment to a position rescinded. I hereby authorize the Sioux Center Fire Department to contact any of the employers/references above listed. As part of the process for evaluating potential volunteer members, the Sioux Center Fire Department conducts background checks on all applicants. This is done to ensure that new members are persons in good standing and have no civil or criminal legal actions pending.** Your signature below indicates your assent to a check of your state and local records.

SIGNATURE

DATE

PRINTED NAME

* THIS APPLICATION WILL ONLY BE KEPT ON FILE FOR 90 DAYS.