

Dassel Volunteer Fire Department

Application for Volunteer Firefighter/First Responder

(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 FIRST RESPONDER / EMT: YES ___ NO ___ CERTIFICATE #: _____
 CERTIFIED FIREFIGHTER: YES ___ NO ___ LEVEL OF CERTIFICATION _____
 MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____
 DO YOU HAVE A VALID MN DRIVERS LICENSE? YES ___ NO ___ LICENSE #: _____
 DO YOU HAVE A VALID MN 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/FIRST RESPONDER? _____

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 THE CITY OF DASSEL AND THE DASSEL FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURE OF APPLICANT: _____

DATE: _____