



# 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, who have been convicted of certain misdemeanors, or who have been convicted of a felony are not eligible to apply.

## I. Personal Information

NAME (F/M/L): \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. In order to be accepted to membership you must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) at the membership interview. Failure to submit such proof will lead to non-consideration.**

1. Why are you interested in fire fighting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have past fire fighting experience? Yes ( ) No ( ) Dates: \_\_\_\_\_ Where: \_\_\_\_\_  
Contact information: \_\_\_\_\_ Chief ( ) Captain ( ) Other Officer ( )  
Phone Number: \_\_\_\_\_  
Certifications held (First Aid, CPR, Firefighter I, etc.)  
\_\_\_\_\_

3. Have you ever been convicted of a traffic violation? Yes ( ) No ( )  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor other than traffic violations? Yes ( ) No ( )  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes ( ) No ( )  
Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Do you speak a foreign language? Yes ( ) No ( )  
List: \_\_\_\_\_



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## II. Education History

	School Name/ Location	Major/Specialization	Dates Attended	Degree/Diploma
High School				
College/Tech School				
Other				

## III. Employment History (start with most recent)

1. COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NOTE: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.

COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_

COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_

COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_



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#### IV. References (Please do not include relatives or former employers)

NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP : \_\_\_\_\_

NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP : \_\_\_\_\_

NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP : \_\_\_\_\_

#### V. Questionnaire

What specific skills or traits will you bring to the department? (mechanical, construction, computer, teaching, etc.)

\_\_\_\_\_

What volunteer commitments, if any, have you successfully sustained in the past? (church, community, etc.)

\_\_\_\_\_

Will there be any times of year when you will be unavailable to respond to calls for a significant period of time (> 1 wk)?

\_\_\_\_\_

Are there any other life-factors that may prevent you from responding to calls on a regular basis (aside from periodically being out of town for a few days)? Ex. Primary care of children, inability to leave work, regular out-of-town commitments on a daily, weekly, or monthly basis. Yes ( ) No ( )

If Yes, Explain: \_\_\_\_\_

Have you received permission from your employer to leave work for fire calls? Yes ( ) No ( )

If No, Explain: \_\_\_\_\_

Are you available to being responding as soon as you are appointed? Yes ( ) No ( )

If No, Explain: \_\_\_\_\_

Have you experienced acrophobia or claustrophobia? Yes ( ) No ( )

Do you currently have a history of heart trouble? Yes ( ) No ( )

Do you currently work Days ( ) Nights ( )



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## VI. Emergency Notification

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE : \_\_\_\_\_

## VII. Applicant Acknowledgement

I understand that if I am elected to the Sioux Center Fire Department, I will undergo a one-year probationary period 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 the one year period 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 you state and local records.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

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

**To serve, protect, educate, and respect our community  
through servant leadership, professionalism, collaboration,  
and stewardship.**