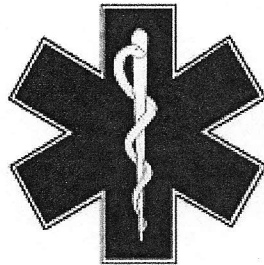


Cicero Township Volunteer Fire Department



Membership Application



Please fill out completely with appropriate materials included.



Cicero Township Volunteer Fire Department
Membership Application



Membership Application

Applicant Information

Full Name: _____ Birth Date: ____/____/____ Age: ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () - /Cell Phone: () - E-mail Address: _____

Gender: _____ Height: _____ Weight: _____

If Rent, Landlord Name: _____ Landlord Phone Number: () - _____

Have you ever been a member here? YES NO If yes, when? _____
Have you ever been convicted of a crime? YES NO If so, explain: _____
Do you have a valid driver's license? YES NO If no, explain: _____

Are you subject to: (if yes, explain)

Epilepsy: _____

Fainting: _____

Dizziness: _____

Hypertension: _____

Diabetes: _____

Claustrophobia: _____

Acrophobia: _____

Any breathing disorders: _____

Other: _____

Classification Applying for: (check all that apply):

Firefighter _____ First Responder _____ EMT _____ Medic _____

Availability: (please state approximate time)

Day _____ Afternoon _____ Night _____ All _____

In Case of Emergency, Please notify:

- 1.) _____
- 2.) _____

Cicero Township Volunteer Fire Department
Membership Application

Education

Grammar School: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Passing: _____

High School: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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Experience

Have you previously been a member of a Fire Department? _____ If yes, how long: _____

Where: _____ Phone: () _____

Do you have any firefighting or EMS training? If yes, explain: _____

Why do you want to join the fire department?

Please Provide the Fire Department With Copies of the Following Items:

(Check if provided:)

Birth Certificate _____

Valid Driver's License _____

Driver's License Record (obtained from auto insurance agency) _____

High School Diploma/GED _____

Criminal History Check (obtained at <http://www.in.gov/ai/appfiles/isp-lch/>) _____

DD 214 (if applicable) _____

Letter of Recommendation From Previous Employer/Fire Department _____

Fire or EMS Related Certifications _____

Cicero Township Volunteer Fire Department
Membership Application

Disclaimer and Signature

READ VERY CAREFULLY BEFORE SIGNING

I certify that the information given on this application is true and complete. I authorize the officers of the Cicero Township Volunteer Fire Department to make such investigations and inquired of my personal, employment, medical, financial, arrest records of any nature, and any other related matters that may be necessary. I release all employers, schools, law enforcement agencies and any other person from liability in responding to any inquires in connection with this application.

In the event that I am selected and accepted for membership, I understand that any false or misleading information given on this application or during the interview process may result in my dismissal from the department. I also understand that I must abide by all department rules and regulations of the Cicero Township Volunteer Fire Department.

Signature: _____ Date: _____

Department Use Only:

Date Application Received: _____

Meeting #1: _____

Meeting #2: _____

Meeting # 3: _____

Date Voted Onto Department: _____

Date *DENIED* From Department: _____

Reason for denial: _____

Membership Status:

Active: _____

Associate: _____

Unit #: _____

DRUG AND/OR ALCOHOL TESTING CONSENT FORM
EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Cicero Township, (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Employee's Name – Printed

Date



Company Representative

08-16-2016
Date