

MULDOON VOLUNTEER FIRE DEPARTMENT, INC.
Application for Operations Division Membership

Position Requested: Firefighter First Responder

Name: _____ Date of Birth: _____
Address: _____ Drivers License: # _____
_____ State: _____ Class: _____
_____ Telephone: Residence: _____
Mobile: _____

CURRENT EMPLOYMENT:

Company/Business: _____
Address: _____
_____ Telephone: _____
Occupation: _____

PREVIOUS EXPERIENCE AND/OR TRAINING:

REFERENCES: (Name, Address, and Telephone)

1.)	2.)	3.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIOLATIONS: Have you ever been convicted of a law violation (including traffic, misdemeanor and/or felony)? YES NO If YES, please explain: (List YEAR and VIOLATION for each conviction.)

If accepted into the Muldoon Volunteer Fire Department, Inc., I understand that I will be given a copy of the standard operating guidelines and a copy of the rules and regulations, and will be placed on six (6) months probation. I agree to abide by all guidelines and rules set forth by the Department.

During the six (6) month probationary period, I understand that either party may terminate my membership in this organization for any reason. I agree that, if for any reason my membership is terminated, I will return all property issued to me within fifteen (15) days of my termination date or face criminal charges.

Upon completion of the six (6) month probation, the members of the Muldoon Volunteer Fire Department, Inc. will evaluate my performance, and my status will be determined at that time.

Applicant Signature: _____ Date of Application: _____

Date Application Approved: _____ Probation Completed: _____

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize the Muldoon Volunteer Fire Department (MVFD) to investigate my background and qualifications for purposes of evaluating my qualifications for the position for which I have applied. I understand that MVFD will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of MVFD's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteer duties will not be processed further.

I authorize investigation of all statements contained herein and references listed in this application. Furthermore, I certify that all statements made herein are true and correct to the best of my knowledge, and any statements found to be falsified will be grounds for immediate termination.

Social Security Number: _____

Other names or variations of names used: _____

Cities and states of residence/employment during the previous ten (10) years: (List dates – location for each)

SIGNED: _____ DATE: _____

DEPARTMENT USE ONLY

Date Received: _____ Date Reviewed: _____

Initial Vote: ___Accepted ___ Not Accepted Re-evaluation: ___Accepted___ Not Accepted

Termination Date: _____ Reason: _____

Equipment Issued:	Date Returned:	Equipment Issued:	Date Returned:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____