VILLAGE OF FAYETTEVILLE

APPLICATION FOR DEPARTMENT OF FIRE

Application Date: ___/___/___

*** Please print clearly. Use back of application if more space is needed ***

PERSONAL:

NAME:

Last_____First_____Middle _____

Street Address _____

City, State, Zip Code _____

Home Telephone:

_____

Cell Telephone:

_____

Social Security Number

_____

Email Address

_____

Preferred Contact Method

☐ Email
☐ Phone (Home/Cell) Hours_____AM/PM

Are you over 18 years of age?

☐ Yes ☐ No

EMPLOYMENT:

Current Employer

_____

How Long?

_____

Employer Address

_____

Employer Telephone

_____

Scheduled Work Hours

_____

Current Title/Position

_____

May we contact your Employer if necessary?

☐ Yes ☐ No

If Less Than 2 Years at Current Employer:

Previous Employer

_____

Previous Employer Telephone

_____

Reason for Leaving

_____

How Long Employed?

_____

VILLAGE OF FAYETTEVILLE

APPLICATION FOR DEPARTMENT OF FIRE

EDUCATION

HIGH SCHOOL: Name & Address _____ Graduate? ☐ Yes ☐ No

Degree _____

COLLEGE: Name & Address _____ Degree? ☐ Yes ☐ No

Major _____

SPECIALIZED TRAINING (i.e. Medical training, Fire/Rescue training, rope rescue, diving, etc.)

_____

SPECIALIZED TRAINING - Please attach related certificates to this application

_____

EXPERIENCE

MILITARY: Current/past member of the ARMED FORCES ☐ Yes ☐ No

Highest Rank _____

Branch of Service _____ Date of Discharge _____ Type of Discharge _____

FIRE/EMS: Past/current member in a Fire/EMS Corps? ☐ Yes ☐ No

Position/Title _____

Name & Address of Fire/EMS Corps _____ Telephone Number _____ How long at Fire/EMS Corps _____

Ever been denied membership to another Dept/CORPS? ☐ Yes ☐ No

If 'Yes' – Explain Briefly _____

_____

MISCELLANEOUS

Have you ever been convicted of a crime? ☐ Yes ☐ No

If 'Yes' – Explain Briefly _____

_____

(NOTICE: A person who has been convicted of arson in any degree is not eligible for either initial or continued membership in the Village of Fayetteville Fire Department. Other types of convictions are not an automatic bar to membership. Each case is considered on an individual basis in relation to the duties and responsibilities of a volunteer firefighter/EMS provider.)

VILLAGE OF FAYETTEVILLE

APPLICATION FOR DEPARTMENT OF FIRE

CHARACTER AND/OR PROFESSIONAL REFERANCES: (no relation)

1. Name: _____

   Phone: _____

   How do you know them? _____

2. Name: _____

   Phone: _____

   How do you know them? _____

3. Name: _____

   Phone: _____

   How do you know them? _____

VILLAGE OF FAYETTEVILLE

APPLICATION FOR DEPARTMENT OF FIRE

INTEREST

FIRE /RESCUE	☐ Apparatus Driver/Operator ☐ Exterior Firefighter / Interior Firefighter
AMBULANCE/EMS	☐ Driver / Aide ☐ Crew Chief ☐ Medic/Paramedic
FIRE POLICE	☐ Firefighter/Scene safety ☐ Crowd control ☐ Traffic control
FIRE CORP	☐ Maintain Dept. files/records ☐ Record meeting minutes, etc. any other Department events.

DEPARTMENT REQUIREMENTS

As a member of the Fayetteville Fire Department, you will be expected to meet the following requirements:

- EMS – Participate in a minimum of 20 training hours, 5% of all EMS calls or 85% of all duty night EMS calls. Maintain all medical certifications.
- FIRE - Participate in a minimum of 550 hours of duty time
- FIRE CORP – Observe a minimum of 5 Department drills,
- FIRE/EMS/ADMIN - Attend all Department required OSHA classes or refreshers annually. These classes are required before a new member can ride on any emergency vehicles.
- FIRE/EMS/ADMIN - Adhere to all Department rules, regulations and Suggested Operating Guidelines (SOGs).
- FIRE/EMS/ADMIN – Initial medical examination and annual medical examinations thereafter.

****APPLICANT STATEMENT****

I have read and understand the requirements of membership with the Fayetteville Fire Department. I affirm that the statements made on this application (including any attachments) are true. I further understand any statement or information I have furnished on this application found to be false may be reason for immediate dismissal from the Fayetteville Fire Department. I hereby grant permission to the membership committee to investigate and confirm any information I have so stated on this application to be true. I am also aware that at any time during my membership with the Fayetteville Fire Department, any conduct on my part determined to be unprofessional in manner or appearance to the Village of Fayetteville and/or the Fayetteville Fire Department officers may be cause for dismissal from the Department.

SIGNED:_____ **DATE:** _____

Referred By: _____

CONTACT INFORMATION:

- In person – stop by the Fire Station any weekday between 8am and 9pm, weekends 9am and 5pm.
- Telephone – (315) 637-6101 anytime.
- Email – recruitment2012@fayettevillefd.com

Thank you