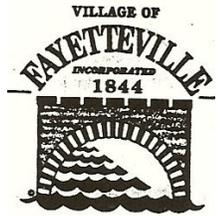




**VILLAGE OF FAYETTEVILLE**



**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

Are you over 18 years of age?

- Email
- Phone (Home/Cell)   Hours \_\_\_\_\_ AM/PM

- 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  
\_\_\_\_\_

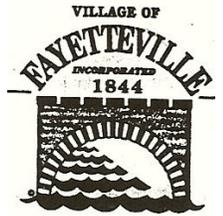
Previous Employer Telephone  
\_\_\_\_\_

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

Branch of Service

Date of Discharge

\_\_\_\_\_

\_\_\_\_\_

Highest Rank

\_\_\_\_\_

Type of Discharge

\_\_\_\_\_

**FIRE/EMS:** Past/current member in a Fire/EMS Corps?

Yes  No

Name & Address of Fire/EMS Corps

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

Position/Title

\_\_\_\_\_

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: \_\_\_\_\_

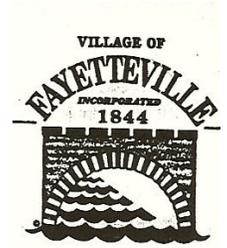
Phone: \_\_\_\_\_

How do you know them? \_\_\_\_\_



**VILLAGE OF FAYETTEVILLE**

**APPLICATION FOR DEPARTMENT OF FIRE**



**INTEREST**

FIRE /RESCUE	<input type="checkbox"/> Apparatus Driver/Operator <input type="checkbox"/> Exterior Firefighter / Interior Firefighter
AMBULANCE/EMS	<input type="checkbox"/> Driver / Aide <input type="checkbox"/> Crew Chief <input type="checkbox"/> Medic/Paramedic
FIRE POLICE	<input type="checkbox"/> Firefighter/Scene safety <input type="checkbox"/> Crowd control <input type="checkbox"/> Traffic control
ADMINISTRATIVE	<input type="checkbox"/> Maintain Dept. files/records <input type="checkbox"/> Record meeting minutes, etc.

**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 18 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 450 hours of duty time
- ADMINISTRATIVE – 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